

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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of verrucas, warts,
corns and calluses

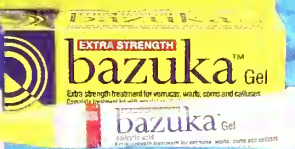
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- Dries to form a water-resistant, protective barrier
- Designed to inhibit spread of the verruca/wart infection
- No plasters necessary ■ Simple, once daily application



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treatment for
verruccas and warts

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- Designed to inhibit spread of the verruca/wart infection
- No plasters necessary ■ Simple, once-daily application



salicylic acid

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Tesco fails in neighbourhood test case

*Pharmacies link to
'walk-in' centres*

*Kirit Patel: is there
a threat from PCTs?*

*Political concern
grows over rising
generic prices*

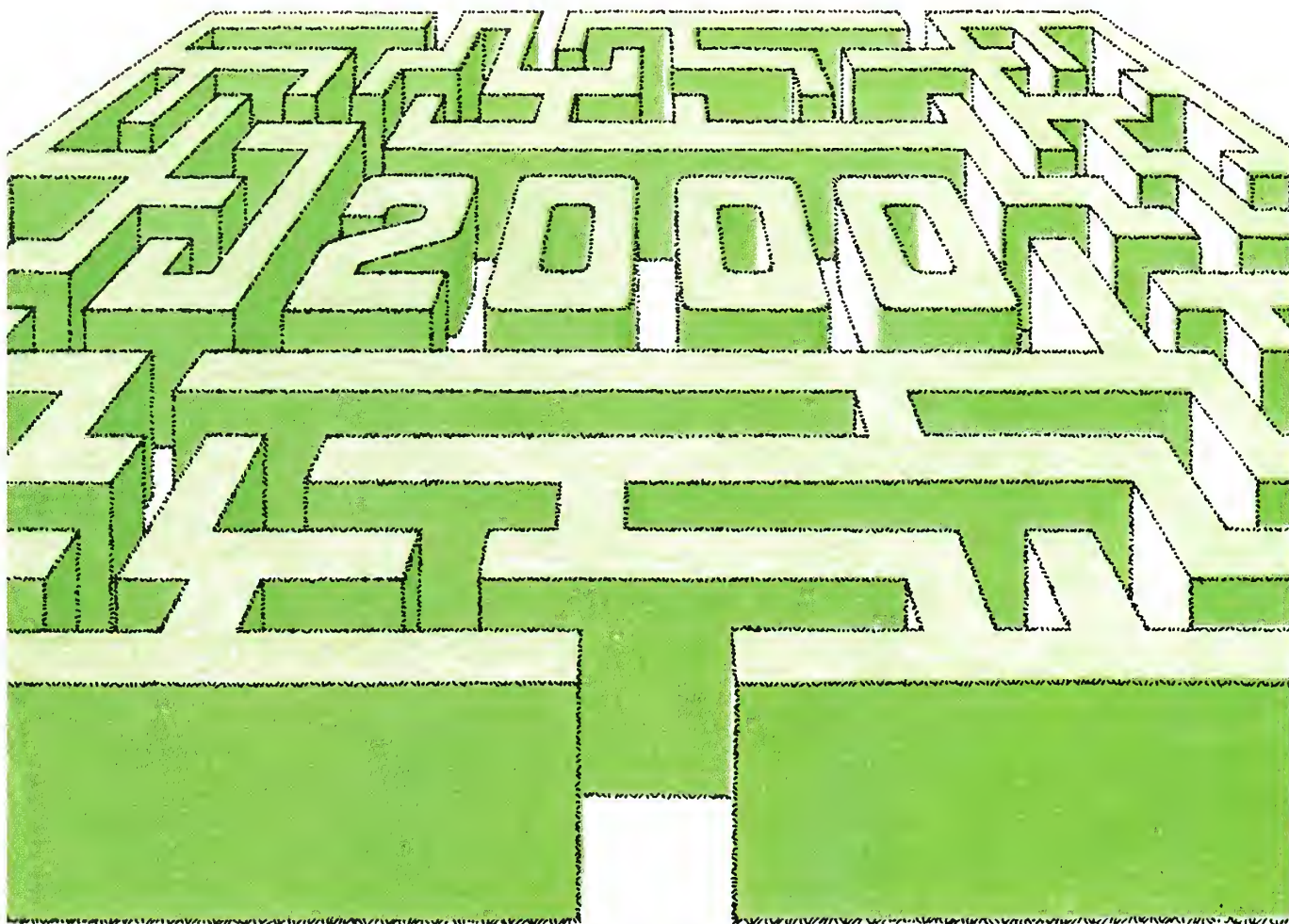
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THE NEWSWEEKLY FOR PHARMACY

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COMMENT

There are two reasons for celebration this week. *Over the Counter*, C&D's magazine for pharmacy assistants, is ten years old, and celebrates that anniversary with a bumper issue. Much has changed in the past decade, not least the role of pharmacy staff, especially those who serve on the medicine counter. *OTC* was the first magazine to anticipate the winds of change that would bring recognition of the important 'gatekeeper' role of pharmacy assistants, and maintains its leading position to this day. From the beginning *OTC* has placed great emphasis on education and training. Every issue provides quality, informative features. As **Verity** (*OTC*'s equivalent of **Xrayser**) says in this week's issue, completing an accredited training course is insufficient on its own. Training is a continuous process, and in this respect *OTC* provides a valuable tool to help pharmacy managers and assistants themselves develop the foundation of knowledge provided by courses such as C&D's Counterpart. Observant readers will also notice several changes in the latest issue, which serve to highlight that the title is constantly evolving to meet the needs of the marketplace.

The other good news is a welcome return to terra firma in the interpretation of the arcane regulations governing new contract applications. Tesco might not like the outcome, but the majority will view Mr Justice Kay's judgement (p4) as plain commonsense, rather than a twisted legalistic interpretation of what constitutes a 'neighbourhood'. For once the Appeal Authority has not conceded the argument, and has been vindicated. The case was unusual in that the NPA represented a number of its members - Lloyds, Moss and independents - despite the fact that it was another member, Tesco, which was seeking judicial review. This should inspire confidence that the Association is prepared to go to the line when it sees actions being taken that may be detrimental to the majority of pharmacies.

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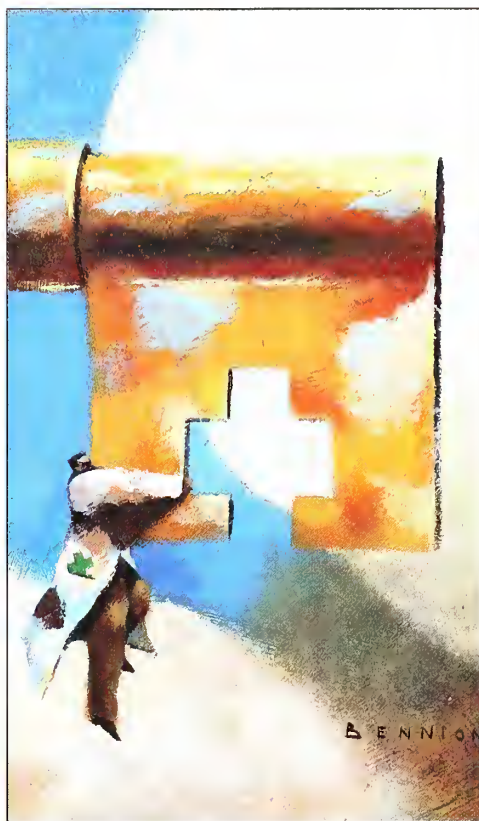
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Pharmacists' ADR scheme 'encouraging'

A year's trial of community pharmacists' involvement in the yellow card scheme has shown encouraging results, said Professor Alasdair Breckenridge, chairman, Committee of Safety of Medicines. The scheme will be extended nationwide to community pharmacists in the coming year.

Hospital pharmacists now contribute a substantial proportion of adverse drug reaction reports, he told the Medicines Control Agency's tenth anniversary symposium last week. But attempts to involve anaesthetists and dermatologists had "failed miserably".

Results were awaited of a pilot trial of an electronic adverse reaction reporting system involving 700 GPs.

The MCA's annual report shows that in 1998-99 the post-licensing division evaluated 17,710 reports from the UK and 28,717 from elsewhere to identify potential drug safety hazards.

Manslaughter case moves to Crown Court

Two Boots employees, one a pharmacist, have been sent to Chester Crown Court on manslaughter charges, following a hearing before a stipendiary magistrate this week.

At a resumed hearing on Monday at Halton Magistrates Court, Runcorn New Town, Cheshire, the magistrate heard presentations concerning the charges, which followed the tragic

death of three-day-old Matthew Young in May 1998 (*C&D* January 23, p5). Reporting restrictions were not lifted.

Both 26-year-old pharmacist Lisa Taylor Lloyd and pre-registration graduate, 24-year-old Ziad Khattab, appeared in a rare hearing allowed under Section 6 of the Magistrates Act 1980. Under this provision a stipendiary magistrate presides over a 'readout

hearing', going through the role of an examining magistrate and considering the pleas of the defendants' solicitors. The magistrate is then required to make a decision as to whether there is a possible case to set before a jury.

After adjourning, the magistrate decided to send both defendants to Chester Crown Court for trial on August 18.

Opportunity in long-term care for pharmacists

Pharmacy organisations see the Health Committee's report on long-term care as an opportunity for pharmacists.

The report recommended that multi-skilled teams of support workers should provide care in the home for as long as possible. The Government agrees with this approach, saying it is committed to enabling older people to stay at home for as long as is appropriate. A grant of £100 million over three years will help local authorities develop preventative strategies for adult services, in partnership with other agencies including health authorities.

The Royal Pharmaceutical Society's Roger Odd told *C&D*: "This seems like a golden opportunity for pharmacists to be involved in ensuring patients can remain in their own homes. The Society will obviously want to follow this up." He thought most opportunities were likely to be at local level.

The National Pharmaceutical Association has also welcomed the proposal, as it has been pressing for some time for team working in primary care and medicines management by pharmacists, not only to keep the elderly living at home, but to prevent

hospital admissions as a result of medicines being taken incorrectly.

The Government is also considering other initiatives to improve the quality of life of older people, including a DoH contract with the Health Education Authority to promote healthier living.

Integration of health and social services is ruled out for the present, as the Government believes that overloading the NHS with further change would be counter-productive. But partnership provisions in the new Health Act require health and local authorities to co-operate more closely.

Tesco loses court case to open pharmacies

Supermarket giant Tesco has failed in a test case bid to open NHS pharmacies in three of its superstores.

In a reserved judgement handed down in London's High Court on Tuesday, Mr Justice Kay rejected Tesco's claim that the stores at Ashford in Middlesex, Bicester in Oxfordshire, and Fulbourn in Cambridgeshire, are neighbourhoods in their own right, and entitled to a new NHS contract (*C&D* June 26, p4).

The judge upheld the decisions of the Family Health Services Appeal Authority that in-house pharmacies at the superstores were neither necessary nor desirable, as there was already adequate provision in the area.

The decision will be a blow to Tesco and Boots who have been seeking to redefine the definition of 'neighbourhood' to allow new NHS pharmacies to be opened in edge of town developments. The National Pharmaceutical Association, which has been party to the case on behalf of some of its members, has said it is a "good judgement".

The number of pharmacies in supermarkets has mushroomed since 1981, when only three or four such outlets had in-store pharmacies. There are now 190 Tesco stores with their own

pharmacies, and 61 per cent of the population has a pharmacy in their local superstore.

Tesco, represented by the Prime Minister's wife, Cherie Booth QC, had attacked as "clearly wrong" the Appeal Authority's refusal to sanction pharmacies in the three stores. She argued the superstores were 'neighbourhoods' serving a large working population and a larger number of visiting shoppers.

But, in relation to the Bicester store, the judge said that Tesco's challenge to the FHSAA's decision was "without foundation" and "without merit".

Regarding the Fulbourn store, he said there had been no legal error in the Appeal Authority's finding that the store formed part of a neighbourhood which included local villages. The definition of neighbourhood had also been properly considered in relation to the Ashford store.

The FHSAA decision that pharmacies at the Bicester and Ashford stores were neither necessary nor desirable was "fair, reasonable and lawful", the judge added. And the challenge in respect of the Ashford store was "without substance and must fail".

In all three cases applications for judicial review were dismissed. Tesco

was ordered to pay the action's legal costs and refused leave to take the case to the Court of Appeal, although it may still apply direct to the Appeal Court for permission.

Commenting on the judgement, the NPA said that Mr Justice Kay had confirmed that as long as health authorities or the Appeal Authority direct themselves properly, the court will not interfere with decisions. There has been an unfortunate tendency to look at what judges have said previously, rather than looking at the words used in the Regulations, he noted.

The judge rejected the argument that whether or not an area has a residential population is irrelevant.

John D'Arcy, NPA director, said: "What we have here is a good judgement for community pharmacy. Previous judicial decisions - notably Cribbs Causeway and Gemini Park - have produced a flood of applications for sites in superstores and retail parks.

"Previous judicial guidance played into the hands of larger ... players at the expense of smaller pharmacies. This judgement makes it clear that it is for HAS - rather than courts - to make decisions on contract applications based on local circumstances."

New EC57 form issued in Scotland

The Scottish office has issued a circular concerning the revision of forms EC57 and EC95.

Scottish pharmacies should have received revised EC57 forms (prescription charge receipt and refund claim form) by the end of July. The Post Office will reject any old style forms for prescription charges paid on or after August 1. If pharmacists have any old style forms after August 1, they should be destroyed.

Application forms for prescription prepayment certificates (EC95) are held by main post offices. Health boards should provide a small stock, but further supplies are available from the health boards or their practitioner services divisions.



Read up on ORT

A tutorial in this week's issue (p19) looks at diarrhoea and the consequences of dehydration. Accredited by the College of Pharmacy Practice, the tutorial looks at the role of rice-based oral rehydration therapy, and is brought to you by *C&D* and Rhône-Poulenc.

Pharmacies linked with walk-in centres

Boots the Chemists will be among the first to provide one of the new NHS walk-in medical centres. Another of the 19 announced last Friday will be based in Wakefield, with a pharmacy on site.

Other sites include High-Street or central shopfront locations, existing health centres and hospitals, and several are in the London area. This first wave of walk-in centres, which will give the public easier access to treatments for minor ailments and health advice, should be accessible to about six million people and will receive £15.4 million funding this year.

With 99 bids having been made by the June 30 deadline, the Government said there is sufficient interest for further sites to be announced in the autumn. Money is coming from the £280m being made available over the next three years to promote NHS walk-in centres and to further develop the telephone triage service, NHS Direct.

The centre, housed by Boots, will be in its New Street store in Birmingham

city centre. It will be next to the pharmacy and optometry sections, but will be NHS run and managed. It will provide free NHS minor illness and health advice services for Birmingham's population and up to 100,000 shoppers and workers who travel into Birmingham each day.

Open from 7am to 10pm each day, the nurse-led centre will act as a central information point with links to other services, such as NHS Direct, GPs, secondary care, social services and voluntary services. It will be managed by Badger, the local primary care out-of-hours service, and has support from the three closest primary care groups. Nurses at the centre will not issue prescriptions.

Boots will rent out the space for the centre, which will be run independently of the pharmacy. But, "we would hope that good working relationships can be created" between the two, said Boots. The pharmacy and walk-in centre will work in "synergy", to provide a full range of healthcare services.

The centre is expected to open before the end of the current financial year. Dr Fay Wilson, Badger's medical director, envisages it as a "mothership" of the future. Smaller satellite centres in the surrounding areas could then cater specifically for local needs. Boots is not currently involved in any other bids for walk-in centres.

The Wakefield centre will be based in a newly-built city-centre health centre, which will include a pharmacy, close by to the Ridings Shopping Centre. Its user base will be the 317,000 Wakefield residents and the 200,000 people who work and shop there, and will be set up by the Wakefield and Pontefract GPs on Call, the local PCG, Wakefield HA, local community and acute NHS trusts and the local NHS Direct service.

It sees three priority areas: the Pakistani community; teenagers for advice on sexual health, pregnancy and drugs; and adult men for advice about coronary heart disease risk assessment and risk reduction.

Emergency contraception supply discussed

Mechanisms for pharmacists to supply emergency contraception have been discussed by the Royal Pharmaceutical Society and the Department of Health this week.

The discussions were "very constructive", according to Roger Odd, head of professional and scientific support at the Society. Three or four possible supply mechanisms are being explored, he said, one of which is supply under protocol. Further discussions are due to take place in the next two weeks.

Tessa Jowell, minister for public health, was asked last week, in a written question, about plans to set up pilot schemes for contraceptive prescribing by pharmacists and nurses. The question referred specifically to group protocol mechanisms outlined in the Crown Review. Ms Jowell replied: "I currently have no plans to do so." This does not mean that she was ruling out pharmacist supply, said Mr Odd. The question was asked by Dr Jenny Tonge, who has been involved in the joint discussions about pharmacist supply.

PSNC rejects second pay offer

A second pay offer from the NHSE Executive has been rejected as totally inadequate by the Pharmaceutical Services Negotiating Committee.

The offer did not help contractor motivation at a time when the Government was pressing for a multidisciplinary approach to healthcare. PSNC concluded at a meeting last week.

The Department of Health has once again refused to accept that manpower is anything other than a patchy local problem. Comparisons with recent awards to nurses and dispensing doctors "just fall on deaf ears", said chairman Wally Dove.

PSNC has also "firmly kicked out" DoH proposals to amend how drugs come to be listed in Category D in the Drug Tariff procedures. Mr Dove said the Department's proposals would have disadvantaged contractors.

The Pricing Authority is struggling with the extra workload caused by the generic shortages, and has agreed to pay contractors a 100 per cent advance, possibly from this autumn, until there has been a significant reduction in category D items.

Compensation after new PPRS? PSNC will be talking to the NHSE about compensating contractors for the loss in stock value resulting from cuts in prices of

branded medicines when the revised PPRS comes into effect in October.

Medicines management funding The DoH has agreed to finance a project manager's post to co-ordinate the proposed medicines management pilot schemes. An advert will appear next week.

Age checks from October 5 The revised starting date for checking age exemptions is October 5. An obligation to put the age and birth date on prescriptions should be included in GPs' terms of service by next January. PSNC has asked for relaxation of the requirement for point of dispensing checks where staff are delivering medicines to patients' homes.

Clinical governance PSNC has been working with other pharmacy bodies on clinical governance in community pharmacy. LPCs are to be given a draft letter suggesting to health authorities how LPCs might help in implementing the government's proposals.

Welsh devolution The Welsh Central Pharmaceutical Committee is to have a full-time secretary. PSNC will discuss the role of the WCPC and its relationship with the Welsh Assembly in September.

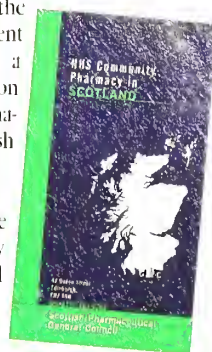
Chemex '99 PSNC and the PPA plan to make a joint presentation on the Drug Tariff at Chemex on September 5.

SPGC briefs MSPs

Members of the Scottish Parliament have been sent a briefing leaflet on community pharmacy from the Scottish Pharmaceutical General Council.

Designed for the benefit of the newly elected MSPs and other opinion formers, NHS community pharmacy in Scotland sets out the services available through community pharmacies and various statistics. It makes the point that although the number of prescriptions has increased by 18 per cent in the past five years, and additional dispensing by 9 per cent, payments have only risen by 12 per cent.

A copy has been distributed to Scottish pharmacy contractors. Further information is available from SPGC at 42 Queen Street, Edinburgh EH2 3NH. Tel: 0131 467 7766.



The power to prescribe coming pharmacists' way?



Health secretary Frank Dobson is expected to announce plans to give pharmacists powers to prescribe as part of his strategy for a more flexible delivery of primary care.

The move to give pharmacists powers to issue repeat prescriptions, provided a general practitioner has initiated a course of treatment, is likely to be included in the long awaited strategy for community pharmacy, which will probably be published in the autumn.

The health secretary was sympathetic to the case presented by leading members of the profession at a resumed 'round table' meeting last week at the Department of Health.

"There may well be a role for pharmacists in prescribing in the future, though we need to consider very carefully the issues of patient safety," said a Whitehall source.

● The anticipated Cabinet reshuffle is widely expected to take place next Tuesday, the same day that Parliament rises for the summer recess. Mr Dobson has been fighting hard to retain his health portfolio, while party leaders have been keen to encourage him to stand against Ken Livingstone for mayor of London. The feeling from Westminster this week was that he will stay put.

Change in plans for borderline products

Ministers have intervened to change the Medicines Control Agency's proposals for classification of borderline products, which had caused an outcry in the health food industry.

Companies who disagree with the MCA's provisional decisions will now be able to refer to an independent review panel, rather than one composed of MCA staff.

The original MLX249 proposals sought to make non-compliance with an MCA decision a criminal offence, with the company having to prove that its product was not a medicine. The burden of proof will stay at the MCA, which will also have to give full explanations for its decisions.

Health minister Baroness Hayman stressed last week that the definition of a medicine would remain the same. The procedures would not require products currently sold legally as cosmetics or foods to be licensed as medicines. She said there had been widespread misunderstanding of the MLX249 proposals, with fears that many herbal and dietary supplements would be withdrawn or become much more expensive because they would have to go through medicines licensing procedures.

"These proposals were never there in the first place," she said. Instead, the aim was to remedy an unsatisfactory situation, in which the classification processes were unclear and compa-

nies could not find out the reasons for, or appeal against, the MCA's decisions.

The new regulations will be laid this autumn and members of the independent panel will be recruited from relevant interested parties.

The MCA's Dr Gordon Munro said the appeal panel would be a last resort. The first stage of the product assessment would be an informal dialogue between the MCA and the company. If there was still disagreement, the company would be able to refer to the panel which would take six to nine months to make a decision. The MCA would request the company to stop marketing a disputed product as a medicine, but would not order its removal from sale unless there was a significant health risk.

Maurice Hanssen, of the Health Food Manufacturers' Association, said it was good to learn that the review body would be independent, with statutory support. He told *C&D*: "Our

ambition is to make it work and to co-operate as closely as possible with the MCA on arriving at a solution which will safeguard the consumer while providing freedom of choice and no loss of availability of safe products."

He thought the system should be tied in with a way of regulating herbal products that would consider safety, quality assurance and consumer information.

The Proprietary Association of Great Britain also welcomed the news. Executive director Sheila Kelly commented: "We are pleased that the Government has listened to and acted upon the very real concerns expressed by PAGB, other organisations and individuals regarding these proposals."

Health promotion work prioritised

The Royal Pharmaceutical Society's Practice Committee has decided on priorities for work on health promotion in pharmacies.

A first priority would be to establish guidance on a level of service to be expected of all community pharmacists. A plan will be prepared for consideration at a future meeting.

Other priorities include facilitating links between community pharmacists and their local health promotion facilitators, guiding counter assistants to support pharmacists in providing advice on healthy lifestyles and using information technology.

The work follows recommendations in the report, 'Guidance for development of health promotion by community pharmacists'.

The Practice Committee approved ways of informing pharmacists about the implications of the two reports of the Crown Review. The Committee felt there was a need to increase awareness of these implications and to build confidence among pharmacists about taking these opportunities. Actions approved included a talk and slides for Council members to use at branch meetings.

The Society's diabetes task force has prepared a document for publication, offering guidance for community pharmacists who wish to become more involved in diabetes care.

The Practice Committee is to consider how to take forward recommendations of the Council's working group on getting research into pharmacy practice.

Shortages prompt move to Category D

The list below shows generics which, because of shortages, have moved into Part VIII Cat D of the Drug Tariff this week, but are not listed in the July issue. For a complete list of additions for this month, see *C&D* July 17, p7.

Co-tenidone tabs 100/25, 28; chlorpromazine tabs 50mg, 500; ibuprofen tabs 600mg, 100; imipramine tabs 25mg, 1,000; isosorbide mononitrate tabs 20mg, 56; isosorbide mononitrate tabs 20mg, 100.

Amoxycillin caps 250mg: a new pack size of 21 (£2.37) has been added

to Cat A for July pricing, but is not shown in the Tariff until August.

● Scottish contractors are advised that, because of shortages, the PPD will accept pharmacists' endorsements against the following additional generic products in July. For a complete list, see *C&D* July 17, p7.

Glibenclamide tabs 5mg; thyroxine tabs 25mcg; warfarin tabs 1mg; warfarin tabs 3mg; warfarin tabs 5mg.

Updates to both lists will be posted on the *C&D* web site at: www.dotpharmacy.com/tariff.html.



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GPs work up head of political steam

The world of medical politics has been busy this summer. In the future it may even be looked back on as the time when morale among GPs hit its lowest point and then started to pick up. GPs' representatives have adopted a more dynamic approach and this will probably be popular with the grass roots.

In a speech, a fortnight ago, to the annual meeting of the British Medical Association, the chairman, Dr Ian Bogle, launched a blistering attack on the Government, criticising its policies and blaming them for contributing to the poor morale of the medical profession.

"Some GPs would prefer to see violent patients in a secure setting"

Dr Bogle seemed particularly upset at the speed and direction of the recent changes in the NHS. GPs will happily endorse these comments. Dissatisfaction is so intense among junior hospital doctors that they are considering taking industrial action, but that is unlikely to happen in general practice.

However, the resolve of GPs runs much deeper than just a general unhappiness with the direction that the NHS is taking. Various contractual duties are coming under scrutiny. A head of steam is building up to review the situation on home visits.

In particular, there are calls to loosen the current contractual obligation on GPs when it comes to carrying out home visits. A change in the rules will be popular with doctors, but not with patients. Politicians might not be keen to grapple with this issue, especially when it could upset the public.

Other gripes that have annoyed GPs are also entering the political arena. There are calls for assaults on doctors to be made a more serious offence. Equally, there is concern about the way GPs have to treat violent patients. Some GPs prefer to see potentially violent patients in a secure setting, where help is at hand.

It is not only politicians who are becoming more aggressive. A recent article in the GP press described how a GP is organising a course on dealing with the violent patient. You have been warned. GPs are not only becoming more aggressive in their demands, they are even taking self-defence courses!

By Dr Harry Brown, a GP practising in Seacroft, Leeds

Xrayser

Topical Reflections

Pushing the OTC side doesn't make NHS pay any more palatable

I am ambivalent about many of the new zany health initiatives being introduced by the Government, in particular NHS Direct and walk-in health centres. In both cases it seems that established pharmaceutical expertise is being bypassed.

However, some of my criticisms may now be addressed, with the announcement of a pilot project in Essex that will involve community pharmacists in the NHS Direct protocols of referral (*C&D* July 17, p5).

I was amazed to find, at the inception of NHS Direct, that community pharmacies were so completely sidelined, so I welcome this Essex initiative. But I wonder how local community pharmacists will react when they start to receive phone calls and visits from members of the public seeking advice, where, once again, they are not paid for it.

I know that goodwill will be generated, and in common with the NPA's successful 'Ask Your Pharmacist' campaign, this provides the pharmacist with a platform to generate further custom. However, many of the NHS Direct contacts will be by phone, which demands priority attention, but where the opportunity for building goodwill is reduced.

And time itself only allows me to go so far down the road with free advice. Any increase in sales from these contacts is no compensation for the miserly income arising from the underfunding of the NHS pharmacy services I provide. It is no good the Government saying it is seeking to improve my OTC business and using this as one more reason to underfund NHS services.

When GPs, nurses or secondary care services are accessed via NHS Direct, the workload is redistributed within a system where all the personnel are already fully remunerated, but community pharmacists only gain NHS remuneration via their unconnected supply side NHS contract.

This system of payment is incompatible with a protocol of shared responsibilities and, although I fully support our involvement, I trust



that when the Essex pilot has been evaluated, there may be some pointers on how to devise a system of payment that will properly reflect community pharmacists' contribution to public health gain.

Why does it need a crisis to make the NHSE see a problem?

I was surprised but pleased to learn that my hospital colleagues have belatedly emulated the nurses and been offered a final pay offer of 5 per cent with a graduated scale, which favours the lower grades.

Increases of 12 per cent for pre-registration trainees and grade A and B pharmacists address the problem of recruitment at the lower end, but I am concerned that an increase of 3 per cent for top grades will further contract the scale rather than rewarding those at the top.

Hospital pharmacists at last seem to have convinced their employers of the seriousness of the situation, but in the community arena the NHS Executive is still being obdurate. Already salaries for managers are often unsustainable from NHS generated income, and the pressures will continue to increase as the screw of financial attrition tightens.

It took a near crisis of recruitment in the hospital service to trigger a realistic pay offer. It seems that it will require an actual cessation of pharmaceutical service before the NHS Executive acknowledges a similar problem within the community sector.

Counting the cost of monetary union

Public enthusiasm for new ideas is traditionally conservative, and joining the experiment in European monetary union is no exception. But back door conformity may be occurring as I recently discovered to my cost.

Nestling in the till at the end of the day was a Portuguese 200 escudo coin, identical in design and shape to our new £2 coin, but – as it is only equivalent to £0.66 – a severe devaluation of the currency!

The bank refused to accept responsibility for this problem, yet the fault must surely lie with the Royal Mint. This coin is brand new, but in all respects, other than value and weight, it is identical with its Portuguese usurper. I am sure the Portuguese do not mind when the mistake occurs in reverse, but you have been warned.

I have told my staff to be extra vigilant, otherwise when the wide boys return from the Algarve my tills could quickly be ringing to the sound of lost profits!

Medical matters

DoH targets meningitis C

The Department of Health this week announced a mass vaccination programme against meningitis C, a disease which claimed the lives of 150 children and teenagers in Britain last year.

The DoH plans to use a new longer-lasting conjugate C vaccine from Wyeth for the programme, once approval has been received from the Medicines Control Agency.

The existing vaccine only provides short-term protection for three years and cannot be used in children under 18. Two other manufacturers are about to submit their long-term vaccines to the MCA for assessment.

The campaign kicks off this autumn, a year ahead of schedule, and will initially target four priority groups:

- babies when they get their routine diphtheria/tetanus/whooping cough

vaccine, polio vaccine and Hib vaccine at two, three and four months

- children receiving their first measles, mumps and rubella vaccine at around 13 months

- children between four months and one year who will be recalled for immunisation

- young people aged 15, 16 and 17.

The second phase, expected early next year, will include children over five. As supplies of the new vaccine will not stretch to students initially, health secretary Frank Dobson has said he will make the existing three-year vaccine available to anyone in this group who wants it.

Mr Dobson said: "Meningitis fills parents with fear because it can arrive out of the blue and bring a healthy child to death's door in a few hours. This brand

new vaccine will help reduce the incidence of meningitis, but it won't bring it to an end."

Chief medical officer Professor Liam Donaldson has written to all pharmacists to allow them to start planning for the arrival of the new vaccine.

Denise Vaughan, director of the Meningitis Research Foundation, said: "The imminent introduction of this vaccine is excellent news. Cases of meningitis and septicaemia in 1998 reached a 50-year high."

Meningococcal group C infection, responsible for meningitis and septicaemia, is usually associated with outbreaks in schools and colleges and has, in the past few years, caused more deaths than group B infections.

There is still no effective vaccine against the B strain.

Cloning of limited use in assisted conception, say experts

Although cloning is important ethically and scientifically, its use in assisted conception is very limited, says a leading fertility expert.

The success of cloning has been exaggerated, according to Sue Avery, senior embryologist and scientific director of the Bourn Hall Clinic in Cambridgeshire. It is fraught with problems and has a low success rate, even in animals.

Instead, Dr Avery would like research to concentrate on the problems associated with implantation, embryo selection and male infertility.

The timing of egg collection for *in-*

vitro fertilisation, and attaining appropriate culture conditions for embryo growth, are areas which clinicians need to get right first, said Dr Avery.

More significant is perfecting the techniques of embryo transfer. "We need to take a step back and see if we are doing things as well as we could."

On the issue of designer babies, Dr Avery believes genetic manipulation will be used for the removal of the undesirable, such as hereditary disease, rather than the promotion of the desirable, such as colouring and intelligence. Pre-implantation genetic diagnosis is currently used to identify

sex-linked genetic disease.

Dr Avery was speaking at the launch of Suresample, a new endometrial sampler from Wallace Women's Healthcare.

The sampler is indicated for monitoring the response to infertility treatment, as well as for investigation of endometrial cancer, irregular or heavy periods, and drug efficacy and safety research of hormone replacement therapy.

The sampler was developed in association with Dr Eddie Morris, senior registrar at the HRT Research Unit at Guy's & St Thomas' Hospital in London.

Extended-wear lenses could put eyes at risk of infection

People who use extended-wear contact lenses could be putting their eyes at risk of infection and possible blindness, say Dutch researchers in this week's *The Lancet*.

Extended-wear soft lenses, worn continuously for more than 24 hours and, in some cases, for between one and four weeks, were found to carry as much as 20 times the risk of microbial keratitis compared with daily-wear contact lenses.

Microbial keratitis, normally caused by bacteria, and occasionally by fungi and acanthamoebae, is characterised by corneal scarring and perforation,

which can lead to blindness.

The researchers surveyed all practising ophthalmologists in the Netherlands to identify new cases of microbial keratitis over a three-month period in 1996. They also conducted telephone interviews to estimate the prevalence of contact lens wear.

Some 92 cases were identified, 17 with daily-wear gas permeable lenses, 63 for daily-wear soft lenses and 12 for extended-wear soft lenses.

They estimated the annualised incidence of microbial keratitis to be 1.1 per 10,000 for users of daily-wear gas permeable lenses, 3.5 per 10,000 for

daily-wear soft lenses and 20 per 10,000 for extended wear soft lenses.

Pseudomonas and *Serratia* were the two organisms most commonly isolated, the former responsible for the largest size corneal ulcers, the highest number of days in hospital, the greatest number of outpatient visits and the poorest visual acuity outcome.

Although the incidence of microbial keratitis is relatively low, the authors argue that the high use of contact lenses – there are 1.7 million users in the UK alone – and profound and permanent visual loss in otherwise healthy eyes are cause for concern.



IN BRIEF

Aggrastat for unstable angina

Aggrastat (tirofiban) is the latest in a new class of antiplatelet drugs – the glycoprotein IIb/IIIa receptor antagonists – indicated for the prevention of early myocardial infarction in patients with unstable angina and non-Q-wave MI. Tirofiban prevents the formation of blood clots by stopping fibrinogen from banding the platelets. One Aggrastat vial (0.25mg/50ml vial, basic NHS price £151.06) is infused each day for up to three days.

Merck Sharp & Dohme.

Tel: 01992 467272.

Videx now once-daily

Videx (didanosine) has now been licensed for once-daily dosing instead of twice daily administration in a bid to simplify AIDS/HIV treatment regimens. The licence change follows pharmacokinetic data, which showed that the standard 400mg dose (four tablets) was equally effective when taken together rather than being split into two doses.

Bristol-Myers Squibb Pharmaceuticals. Tel: 01244 586100.

Alvercol name change

Alvercol (alverine plus scutellaria) will be changing its name to Spasmonal Fibre from August 3 and new packaging will be introduced. Scripts written for Alvercol can be dispensed as Spasmonal Fibre.

Norgine. Tel: 01895 826600.

Thickened juices from Kabi

Fresenius Kabi has introduced a line of ready prepared thickened fruit juices for patients with swallowing difficulties. The ACBS-approved range comes in apple, cranberry and orange flavours in re-sealable 1.35 litre bottles (NHS price, £4.50).

Fresenius Kabi. Tel: 01925 898000.

Zorac distribution


Bioglan has taken over the distribution and marketing of Zorac topical gel (tazarotene) from Allergon. All queries should now be addressed to:

Bioglan Laboratories.

Tel: 01462 438444.

Fosamax correction

It was incorrectly stated in Script Specials, June 12, that MSD's Fosamax (alendronate) reduced bone mass density after just three months. It should have read 'increased'.



*Migraleve treats
both headache and nausea
at the same time.*

Kill two birds with one stone with Migraleve Pink. Its double action works against both the throbbing head pain and the nausea and vomiting of a migraine. And, if taken early, Migraleve Pink can prevent a full-blown attack from developing.

A first choice for migraine.

Migraleve™
Bucizine Hydrochloride
Paracetamol Codeine Phosphate

Migraleve™ Abbreviated Product Information. Migraleve Tablets.
Indications: For treatment of migraine attacks which can include the symptoms of migraine headache, nausea and vomiting. **Presentation:** **Migraleve Pink** – pink tablets each containing Bucizine Hydrochloride BP 6.25mg, Paracetamol DC 96% 520mg equivalent to Paracetamol PhEur 500mg, Codeine Phosphate PhEur 8mg. **Migraleve Yellow** – yellow tablets each containing Paracetamol DC 96% 520mg equivalent to Paracetamol PhEur 500mg, Codeine Phosphate PhEur 8mg. **Dosage and administration:** **Adults Treatment:** Two Migraleve Pink tablets immediately if it is known that a migraine attack has started or is imminent. If symptoms persist, two Migraleve Yellow tablets every four hours. Maximum eight tablets (two Migraleve Pink and six Migraleve Yellow) in 24 hours. **Children 10-14 years:** One Migraleve Pink initially. If required one Migraleve Yellow every four

hours. Maximum four tablets (one Migraleve Pink and three Migraleve Yellow) in 24 hours. **Elderly (over 65 years):** As for adults. **Contra-indications, warnings, etc:** **Contra-indications:** Hypersensitivity to any of the ingredients. **Not for administration to children under 10** except under medical supervision. **Precautions:** Migraine should be medically diagnosed. Migraleve should be used with caution in patients with severe renal disease or liver dysfunction. Migraleve should not be taken with prescribed medicines or for extended periods without the advice of a doctor. **Avoid alcoholic drink.** Migraleve Pink only may cause drowsiness. If affected, do not drive or operate machinery. **Side-effects:** Rarely, allergic reactions such as skin rashes, hives or itching (paracetamol), constipation (codeine phosphate) or drowsiness (bucizine hydrochloride). **Use in pregnancy:** Whilst there are no specific reasons for contra-indicating Migraleve during pregnancy, as with all

drugs, if it is recommended that Migraleve be used with caution in pregnancy. Migraleve is not contra-indicated in breast-feeding mothers. **Treatment of overdosage:** As for paracetamol (i.v. acetylcysteine) and codeine (injection of naloxone). **Package quantities and Trade Price:** Migraleve 12 £2.22, 24 – £3.91. Migraleve Pink 12 £2.31, 24 – £4.31. Migraleve Yellow 12 – £1.99, 24 – £3.42. **Legal category:** P. **Product Licence Numbers:** Migraleve – PL 01906/0028, Migraleve Pink – PL 01906/0026, Migraleve Yellow – PL 01906/0027. **Marketing Authorisation Holder:** Pfizer Consumer Healthcare, Alton, Hampshire GU34 2TJ. **Date of preparation:** June 1999. Further information available from Pfizer Consumer Healthcare, Wilsons Road, Alton, Hampshire, GU34 2TJ.

Pfizer Consumer Healthcare



Counterpoints



Ardern launches better value glucosamine supplement

Ardern Healthcare has launched 750mg glucosamine hydrochloride capsules which, it claims, are 99 per cent pure and contain up to a third more active glucosamine than sulphate preparations.

Ardern says its glucosamine is prepared to US Food and Drug Administration standards from crustacean shell chitin, and is the only glucosamine to have a drug master file registered with the FDA.

The company recommends a daily intake of 1,500mg, or two of its capsules. A month's supply (60 capsules) costs £14.99.

Activ8 Healthcare representatives are promoting Ardern's product to the pharmacy trade, and offering an introductory deal giving a 55 per cent PoR.

Activ8 Healthcare.
Tel: 01789 473250.

Bonjela goes on the big screen

Reckitt & Colman's Bonjela will be making the most of the surge to the cinema this summer precipitated by blockbuster releases such as 'Star Wars'.

The oral pain relief gel will be following up its recent London Underground poster campaign with a big screen commercial. Two ten second executions, aimed at a young adult audience, will be showing at cinemas nationwide throughout August and September.

A secondary advertising campaign is also taking place over the summer, directed at Bonjela's other key market - teething infants. In a four week campaign, 20,000 posters will be seen on shopping trolleys in over 1,000 stores nationwide.

Research shows that 80 per cent of housewives with children under two shop once a week or more, with as much as 72 per cent of purchase decisions being made in-store.

Reckitt & Colman Products.
Tel: 01482 326151.

Lanes' challenge to take herbals seriously

G R Lane Health Products will launch a new range of licensed herbal medicines on August 1.

Lanes Modern Herbals is targeted at women aged 35-54 and has been developed specifically with the pharmacy sector in mind.

The range is presented in a similar way to conventional medicines and the function of each product is clearly and immediately visible.

Vere Awdry, marketing director of Lanes, believes there is a huge opportunity for pharmacies to develop sales of herbal medicines.

He comments: "Only 20 per cent of herbal medicines are currently sold through pharmacies, with the bulk being purchased in health food shops. However, herbal medicines are now becoming part of the consumers' mainstream OTC purchasing repertoire and it is through these channels that future growth will come."

Lanes Modern Herbals range comprises muscular pain cream, rheumatic pain tablets, laxative tablets, trapped wind and indigestion tablets, pile ointment, pile tablets, foot balm cream, cold and catarrh tablets, cold and congestion syrup, cough mixture, sleep aid tablets, stress tablets, menopause tablets and water retention tablets.

The products are blister packed wherever possible to make them easy to use, and suggested required dosages have been calculated to offer optimum pack sizes, eg seven days' supply of cold and catarrh tablets is provided, as this is the likely period for treatment.

Bright packaging in colour-coded boxes features illustrations relating to each product's indication. Products for treatment of rheumatic and muscular pains are red, women's health products are deep pink and



cold and cough medicines are blue.

Retail prices range from £1.99 for 14 laxative tablets to £6.19 for 135 rheumatic pain tablets.

The launch will initially be supported by a £300,000 campaign, which includes press advertising in September and October, followed by another £250,000 burst next January and February. The copyline in the campaign is 'to be taken seriously'.

Eye-catching display material includes a PoS cube, shelf strips, bunting and a consumer leaflet. A retailer manual covering each product in the range is being developed for pharmacies.

Lanes is also giving pharmacies a pocket book entitled 'Medicinal Herbs' published by Dorling Kindersley. In addition, Lanes can organise training for pharmacy staff on herbal medicines and will be exhibiting at Chemex '99.

● Lanes estimates that the licensed herbal medicines market is worth around £47 million and is growing at a rate of 12-13 per cent annually.

Research shows that herbal medicines are currently used by 7 per cent of the population and Lanes predicts that figure will double within two to three years, with the growth coming from new products in this category.

G R Lane Health Products Ltd.
Tel: 01452 524012.

A clear complexion the natural way

HRI Clear Complexion is a licensed herbal remedy for minor skin disorders and acne from Sutherland Health, based on natural ingredients such as sarsaparilla and blue flag.

The product is now available in a compact display outer of six at an introductory price of £12.54 and includes an extra pack free of charge. A pack of 50 tablets retails at £3.65.

Sutherland Health.
Tel: 01635 874488.

Cardioace has 'Our Healthier Nation' in mind

Cardioace is a new supplement from Vitabiotics which combines omega-3 fatty acids with garlic, anti-oxidants and trace elements. Its introduction coincides with the release of the government White Paper, 'Our Healthier Nation', which targets 'heart health' as an area of concern.

Cardioace is being launched nationally on August 1 with a retail price of £5.95 for 30 capsules. With a recommended dosage of two capsules per day, the average daily dose will deliver 800mg omega-3 fish oil, 200mg garlic powder, 40mg lecithin, the RDA or more for vitamins D, E, C, B1, B2, B6, B12, and folic acid, plus zinc, manganese and copper and traces of chromium and selenium.

Consumer advertising will get under way in the autumn in colour supplements and the *Reader's Digest*. Around £400,000 will be put behind Cardioace in its first year.

Robinson Healthcare.
Tel: 01246 220022.



Who can offer a unique formulation that's No.1 for sweat rash?



Hydrocortisone
Canesten can.

Canesten Hydrocortisone has a unique OTC formulation to effectively treat sweat rash. Whilst hydrocortisone quickly and safely soothes the inflamed, itchy skin,

clotrimazole treats the underlying fungal and bacterial infection. So it's not surprising that the No.1 recommendation for sweat rash is Canesten Hydrocortisone.*

Canesten® Hydrocortisone
Clotrimazole 1% & Hydrocortisone 1%

Abridged Product Information for Canesten Hydrocortisone. **Presentation:** Canesten Hydrocortisone cream containing 1% clotrimazole and 1% hydrocortisone. **Uses:** Athlete's foot and candidal intertrigo where co-existing symptoms of inflammation require rapid relief. **Dosage and Administration:** Apply thinly and evenly to affected area twice daily and rub in gently. **Contra-indications:** Use on face, eyes, mouth or mucous membranes; broken or large areas of skin; cold sores or acne; for treatment periods longer than seven days, hypersensitivity to ingredients. Do not use in the following unless prescribed by doctor: children under 10 years; pregnancy and lactation, on ano-genital area, to treat ringworm or secondarily infected skin conditions. **Warnings:** Long-term continuous therapy to extensive areas of skin should be avoided. Avoid covering treated area with tight dressing. **Side-effects:** Local mild burning or irritation. Very rarely, patient may find irritation intolerable and stop treatment. Hypersensitivity reactions. **Legal Category:** P. **Package Quantity and Cost Price:** 15g tube, £4.49. **Product Licence Number:** PL 0010/0216. **Further Information Available From:** Bayer plc, Consumer Care Division, Bayer House, Strawberry Hill, Newbury, Berkshire, RG14 1JA. **Date of Preparation:** March 1999

*Taylor Nelson Pharmacy Omnibus, October 1998.

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Flex Direct gets Triple Action

The Aquafresh Flex toothbrush range is being upgraded with the introduction of the Flex Direct Triple Action, featuring cross angled bristles that can get in and clean between the teeth.

For an introductory period, while stocks last, the new toothbrush, priced £2.49, will be sold with a free travel cap.

Manufacturer SmithKline Beecham says research has shown consumers prefer cross angled bristles to flat or interdental cut, and the new brush is expected to encourage trade up from the base brand.

SmithKline Beecham Consumer Healthcare. Tel: 0181 560 5151.



Free Camit software with Glucotrend

Roche Diagnostics is offering purchasers of its Glucotrend Premium blood glucose meter free Camit diabetes management software from August 1 to October 31. The Glucotrend Premium will continue to be offered at a promotional price of £34 during this period (rsp £49 ex VAT).

The software package is worth £99, which, combined with the promotional offer, means a saving of £114.

Camit helps with diabetes management by providing a PC compatible program into which patients can download their blood glucose results from their Glucotrend Premium. It allows

diabetics to create dose analysis graphs and develop glucose trend reports, enabling fine-tuning of their diabetes management and planning for non-routine events.

Roche will be contacting pharmacists directly with promotional material to support the campaign, and will simultaneously be running a consumer media campaign to encourage testers to purchase Glucotrend Premium from their local pharmacy. To receive a promotional pack call 0800 701000.

Insulin users visit their pharmacy 12 times more frequently than other customers.

**Roche Diagnostics.
Tel: 01273 480444.**

Calendula Babycare offer from Weleda

Weleda's Calendula Babycare range will be the focus of a trade only offer linked to the company's OTC homoeopathic range in September.

A selection of Calendula Babycare

products will be offered to retailers free with quantity purchases from the range of 6C and 30C homoeopathic ranges. A colourful baby massage poster will be thrown in.

For every five outers ordered from the 6C or 30C range, retailers will get one of each of the six products in the babycare range (worth £23.45 at rsp) free. For orders of ten outers they will receive three of each product, 15 outers will come with six of each and 20 or more outers will receive nine of each line (worth £211.05).

Weleda claims that it has seen a record increase in orders over the past few months for the Calendula Babycare range. For 'Mother and child' and 'Baby massage' PoS leaflets and more details of the September promotion call 0115 9448222.

**Weleda (UK) Ltd.
Tel: 0115 9448200.**

A mini-whisk with Thixo-D

Sutherland Health will supply two mini-whisks with every purchase of Thixo-D Original, its food and drink thickener designed to help patients with swallowing difficulties.

To receive the whisks, return a proof of purchase of one case (10 x 375g) to the company at: Unit 1, Rivermead, Pipers way, Thatcham, Berks RG19 4EP. The mini-whisks are designed to fit into a glass to enable users to mix individual servings.

**Sutherland Health Ltd.
Tel: 01635 874488.**

Sensiflex electric toothbrushes in five models



A new range of electric toothbrushes is being launched this month as a result of the continuing successful alliance between Philips and Jordan. The Sensiflex range is claimed to be the most technologically advanced plaque remover they have yet developed.

There are five brushes in the range across the 1000 and 2000 series, with prices ranging from £29.99 to £69.99. All the brushes boast an oscillating brush head with 15,000 cleaning movements per minute, an interdental 'active' tip, and soft pressure brushing system. This means that when the user presses too hard, the brush clicks back, allowing for optimal cleaning with no gum damage.

The range consists of, in the 1000 series, the Sensiflex HX 1520 (£29.99) and HX 1525 (£39.99) with brush heads in twos (£7.99) and fours (£12.99). The three models in the 2000 series are the Sensiflex HX2520 (£49.99), HX2550 (£59.99) and HX2575 (£69.99), with brush heads in twos (£8.99) and fours (£14.99).

All models have an improved brush head compared to the Philips Jordan HP510 and 710 models. The 'active' tip has longer and more flexible bristles, giving a 20 per cent increase in plaque removal. The brushes come in lavender or lime, which helps differentiate between the 1000 and 2000 series.

All the 2000 series brushes come with two speeds including a sensitive setting. The top two models have new 'full charge' and 'almost empty' indicators. The top model has a quick charge facility and a travel kit.

The number of people who brush their teeth electrically is expected to rise from 10-15 per cent to as high as 50 per cent in the next four years. Nearly half of all toothbrushes sold cost less than £25, while 31 per cent of sales are in the £25-45 bracket.

**Philips Home Appliances.
Tel: 0181 689 2166.**

Benadryl ALLERGY RELIEF

Hayfever Warning System

United Kingdom	Pollen level this week (12 = max)	Pollen level same week last season (12 = max)	Predominant pollen this week on	Status	Number of weeks status
Birmingham	10.9	9.2	Grass	Alert	6
Bristol	10.2	8.3	Grass	Alert	5
Glasgow	8.6	8.3	Grass	Alert	3
Leeds	10.6	8.6	Grass	Alert	5
London	10.1	6.7	Grass	Alert	6
Manchester	10.8	9.2	Grass	Alert	6
Newcastle	11.0	8.4	Grass	Alert	5
Norwich	9.8	8.5	Grass	Alert	6
Plymouth	10.9	7.6	Nettle	Alert	5



The recent fine weather has kept the allergy index high throughout the UK. There has been a slight decline in northern areas (Glasgow and Leeds) but elsewhere pollen levels have been higher than last week. All areas of the UK remain on 'Alert'. With school term ending in many parts of the country this week, the influx of holiday makers to tourist areas should boost demand for hayfever remedies locally.

The Hayfever Warning System is sponsored by Warner-Lambert Consumer Healthcare



YOU'RE A WINNER

Congratulations to the five Solpadeine Power Window Display Competition winners.

Once again we have received a high standard of entries.

Thank you to all those pharmacies who participated.

Don't worry if you weren't a window winner, stock up on Solpadeine tablets, capsules and soluble and win the battle for customers.

**The No. 1
Pharmacy Analgesic**

Solpadeine



Andrexx puppy love



The UK's leading toilet tissue manufacturer will be launching its 1999 Andrexx puppy appeal in August.

The appeal has been developed as an on-pack promotion in association with the UK's largest dog welfare charity, the National Canine Defence League (NCDL), and will feature on 24 million packs of Andrexx toilet tissue.

The appeal aims to highlight the NCDL's new promotional campaign, 'Give a dog a life', and invites customers to claim and name their own Andrexx bean puppy. For every bean puppy application received, Andrexx's manufacturer Kimberly-Clark will donate £0.10 to the campaign; it has guaranteed a minimum donation of £50,000.

Kimberly-Clark Ltd.
Tel: 01732 594000.

Aquafresh joins the Wild Wild West

SmithKline Beecham's Aquafresh toothpaste is linking up with what is set to be one of the summer's major cinema releases.

The brand is featuring 'Wild Wild West', a fantasy action comedy, on special promotional packs of Aquafresh Fresh 'n' Minty, Mild 'n' Minty tubes and pump action, and Flex Direct toothbrushes in the brand's biggest ever summer promotion. The Warner Bros movie goes on general release on August 13.

All promotional packs will feature an instant win device with a £50,000 prize

fund offering six family holidays to the US, including a visit to the Warner Bros studio. Runners-up prizes will include 'Wild Wild West' t-shirts, mugs and pens.

SmithKline Beecham Consumer Healthcare. Tel: 0181 560 5151.



Head Girl expands into jewellery

Paul Murray has expanded its leading accessories brand, Head Girl, with the introduction of a range of fashion jewellery. The range, with over 100 SKUs, consists of necklaces, earrings,

brooches, hairclips, rings, ankle chains and bracelets, with prices ranging from £1.99 to £9.99.

Designs will change on a continuous basis to reflect fashion trends and seasonal variations. Sales reps will refill display units.

Free standing floor units and a counter displays are available. Opening parcels cost £721.77 and £415.44 (both ex-VAT) respectively and are offered at 25 per cent discount.

Paul Murray plc. Tel: 01703 268444.

'Electric' styling gel for clubbers

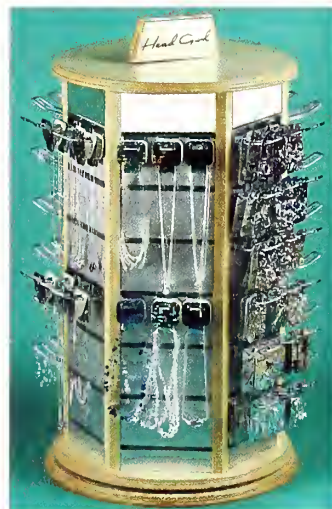


Keyline Brands is launching a new hair gel for clubbers in its Hint of a Tint range.

Hint of a Tint Electric Hair is a styling gel formulated to be 'invisible' during the day and night, but to glow bright white under UV light.

It is presented in tube-shaped one shot sachets retailing at £0.89 (15ml).

Keyline Brands Ltd.
Tel: 0181 893 5333.



BE PREPARED FOR THIS WEEK'S ULTRA HOT SPOTS

City	Temp °C
Bodrum	37
Athens	36
Corfu	34
Tunis	34
Malta	32
Mallorca	32



Sponsored by

Diocalm

Diocalm is a Trade Mark of Seton Healthcare plc.

ON TV NEXT WEEK

Arrid XX: C4, C5, Sat

Beconase Allergy: Sat

Canesten Once: CAR, C4

Carex: All areas plus C5

Dettol Moisturising Handwash: A, M, Car, C4

Fujifilm Multi: C, A, HTV, M, CAR, C4, GMTV, Sat, C5

Jungle Formula insect repellent: GTV, STV, C, A

Nytol: All areas except C

Pearl Drops toothpolish: C4, C5, Sat

Poli-Grip: GTV, U, STV, G, Y, C, A, HTV, W, M, CAR, TT

Setlers: All areas except C

Sudocrem antiseptic healing cream: C, GMTV

Valerina Night Time: C, W, M

Vitalegs herbal gel: GMTV

Zi: C4, Sat

Zirtek: GMTV

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

10 MINUTES AGO THE WILSONS DISCOVERED THEY HAD HEAD LICE.



It only takes 10 minutes to treat head lice effectively with Lynclear. Yet it's gentle, pleasant smelling and easy to use. As well as single packs, Lynclear is now available in twin packs so two people can be treated. Which is bad news for head lice but good news for families.

LYNCLEAR
Creme Rinse

10
MINUTES
APPROX.

Effective head lice treatment
Quick and easy to use

2 x Creme Rinse 50ml

Permethrin

Composition: 1% permethrin in an orange creme rinse base. **Uses:** Treatment of head lice infestations. **Dosage and administration:** Adults and children over 6 months: wash, rinse and towel-dry hair. Apply enough Lynclear Creme Rinse to saturate the hair and scalp, leave for 10 minutes then rinse. **Contra-indications:** Hypersensitivity. **Pregnancy and lacta-**

tion: Under medical supervision. **Side effects:** Generally well-tolerated, rarely scalp irritation. **Price (ex VAT):** 59ml £3.23, 2x59ml £5.95. **Legal category:** P. **Further information:** Warner Lambert Consumer Healthcare, Chestnut Avenue, Eastleigh SO53 3ZQ. **Product licence number:** 15513/0019. **Date of preparation:** May 1999.

Your recommendations have made Cuprofen in pharmacy...

Nº1¹

(not grocers, garages or newsagents)

Thanks to your recommendation, the phenomenal success of Cuprofen in pharmacy continues!

- No1 recommended analgesic brand.¹
- Best selling 400mg brand.²
- More customers are buying Cuprofen more often.¹

That's why we continue to offer premium brand quality
and performance at a price your customers like, and the profits
you want - and only in pharmacy.



CUPROFEN IS ONLY AVAILABLE IN PHARMACY - FOR IBUPROFEN, CHOOSE CUPROFEN

CUPROFEN MAXIMUM STRENGTH PRODUCT INFORMATION

Presentation: Each pink, film coated tablet contains Ibuprofen BP 400mg. **Indications:** For the relief of rheumatoid arthritis (including juvenile rheumatoid arthritis or Still's disease), ankylosing spondylitis, osteoarthritis and other non-rheumatoid arthritic conditions eg frozen shoulder, bursitis, tendinitis, tenosynovitis and low back pain, soft-tissue injuries eg sprains and strains. Also indicated for the relief of mild to moderate pain eg dental, post-operative pain and dysmenorrhoea, for the migraine. **Dosage and administration:** Adults and Children over 12 years: Initial dose is 1200mg in divided doses. Some patients can be maintained on 600-1200mg daily. In severe or acute conditions it may be advantageous to increase the dosage, provided the total daily dosage does not exceed 2400mg in divided doses, with water. **Children:** The dose is 20mg/kg/body weight daily except on children weighing less than 30kg. The total dose in 24 hours should not exceed 500mg. **Elderly:** No special dosage modification is required for elderly patients unless renal or hepatic function is impaired, in this case the dosage should be assessed individually. **Contraindications:** Ibuprofen should not be given to patients with severe or active peptic ulcerations. **Interactions:** None known. **Precautions:** Caution should be exercised in administering ibuprofen to patients with asthma and especially patients who have developed bronchospasm with other non-steroidal agents. Special care should be taken when using ibuprofen in elderly patients in whom increased tissue levels may result with an attendant increase in the risk of adverse reactions. In patients with renal, cardiac or hepatic impairment caution is required since other use of NSAIDs may result in deterioration of renal function. The dose should be kept as low as possible and renal function should be monitored. Use in pregnancy and lactation. No teratogenic effects have been reported in animal experiments. However, the use of ibuprofen should be avoided if possible during pregnancy. Side effects: Adverse effects reported include dyspepsia, gastro-intestinal intolerance and bleeding and skin rashes. Less frequently, thrombocytopenia has occurred. Very rarely toxic amblyopia has occurred, on cessation of treatment recovery has occurred. NSAIDs have been reported to cause nephrotoxicity in various forms and their use can lead to interstitial nephritis, nephrotic syndrome and renal failure. **Overdose:** There is no specific antidote to ibuprofen. Management usually includes gastric lavage associated with care of plasma electrolytes and any other appropriate symptomatic relief. **Legal Category:** P. **Pack Quantities and RSP:** £1.45 per pack of 12 tablets, £2.25 per pack of 24 tablets, £3.99 per pack of 48 tablets, £6.99 per pack of 96 tablets. **Product Licence:** PL 0338/0085. **Product Licence Holder:** Cupal Limited, King Street, Blackburn, BB2 2DX. (A subsidiary of Seton Scholl Healthcare Group plc). Further information is available from Seton Scholl Healthcare Group plc. **Date of Preparation:** April 1999. Cuprofen is a Trade Mark of Seton.

¹ Taylor Nelson Sales-Counterpoint MAT March 1999 ² Independent Pharmacy Audit MAT

PCTs – one stop to pharmacy turmoil?

NPA chairman **Kirit Patel** asks if the potential power of PCTs will pose a threat to the independent contractor

The structure of primary care groups has resulted in pharmacists being marginalised in the decision making process. Despite intense lobbying locally by LPCs and nationally by the NPA and PSNC, only 13 pharmacists have been co-opted onto PCG boards, compared with nearly 962 nurses and 3,367 doctors.

In a recent letter, health minister John Denham laid down guidance for the formation of primary care trusts, the next stage in the evolution of primary care. At the same time, there is repeated reference to the one-stop 'health shop' concept.

The threat to pharmacy contractors posed by the one-stop idea, where all primary healthcare providers are

brought under one roof, and probably under the control of GPs, is enormous.

Doctors have, over the years, encroached on the traditional supply role of pharmacies. Through the 'personal administration' route they have usurped pharmacists' vaccine business. Practically all other injectables have gone the same way, and now even the anti-malarial business is under threat.

Pharmaceutical companies have been keen to support this process, and pharmacists have been left looking on, powerless to intervene.

Pharmacists did strongly resist attempts by the Kingston Multifund to take over pharmacy contractors' appliance and dressings business. The Kingston Multifund accepted our

contention that what it was doing was illegal. But will the current respite continue in the PCT environment?

Mr Denham says that PCTs will have a "range of freedom and flexibility not currently available to any other health service body". The underlying message is obvious. If one thinks the doctors are keen on income generation, just wait until money-conscious chief executives take over the running of these newly formed trusts.

Cost of savings

They will quickly realise potential cost savings and will be keen to implement them. Any savings will be at the expense of pharmacy contractors. It is, therefore,

essential that we address this threat now.

Primary care trusts will be encouraged to generate revenue as long as it is used for promoting healthcare. Given their autonomy, once PCTs are in place they will be quick to exploit all avenues available in order to make money. A significant source of funding will flow from the commercial use of their premises.

The Department of Health's intentions on 'one-stop' health centres are very clear. Even with its backing, there has been a move towards grouping doctors together. Over a period of years, it is inevitable that an 'economy of scale' will rule.

Surgeries will coalesce into one health centre, which will eventually include not only a range of facilities, such as an x-ray suite and a diagnostic testing lab, but also a range of primary care services. These super health centres will be a threat to all contractors in any given area unless they, too, have a piece of the cake.

High rents

Currently specialist property developers are reaping profits at the expense of pharmacy contractors. The way in which they put the package together is simple. The developers

Continued on P18 →



→ Continued from P17

identify a site, which is big enough to house a health centre. They then approach local GPs and offer them a turnkey operation, including a guarantee of enough rental income to justify the doctors purchasing the finished project.

The rental paid by the health authority for the new surgery premises is valued at a relatively low level by the district valuer. However, the pharmacy premises are charged an extortionate rental, often at a level four or five times greater than the market rent.

Not only are these rentals on an upward review only basis, but in order to ensure the maximum possible increase, are often index-linked. The property is then sold to the doctors with the help of a cheap health authority loan, with the rental income from the NHS and the pharmacy contractor helping doctors to pay off the loan. The doctors effectively become landlords for the property and receive rental income from both the NHS and pharmacy.

The pharmacy business is placed in an impossible position, which makes equitable negotiation with their GP landlords at the time of a rent review an impossibility. Furthermore, in virtually all cases, the developer, on behalf of the doctors, charges a massive premium on their money. Many doctors go one step further and demand an equity in the business.

Dealing with goodwill

The manner in which an investment property is valued depends on the combination of two factors:

- the rental income
- the strength of the covenants of the tenant.

The usual multiple applied for an independent pharmacy is ten, ie a yield of 10 per cent. For a 'blue chip' (a public quoted company) covenant, the multiple is 20, ie a yield of 5 per cent. This higher multiple means that the developers and the doctors will always prefer to deal with multiples rather than independents.

The bottom line is that there is nothing to prevent a PCT from taking over what the developers and doctors have been doing for years.

A new health centre will automatically create its own goodwill. As an example, consider a ten doctor centre, where each doctor issues 1,500 items per month. This will generate a total of 15,000 items per month. At an average of £10 per script, the NHS monthly revenue will be £150,000 per month.

On top of this, assume there will be at least 5 per cent income from non-prescription sales, equivalent to



Kirit Patel: 'one-stop' health centres are a danger to pharmacy

£7,500 per month. The total annual sales would therefore be in the region of £2 million per annum. This will create a hefty goodwill value.

There will, in addition, be the key money. How much will potential bidders be prepared to pay when the PCT tenders the leases on the open market?

The larger multiples hold a natural advantage and are likely to be the ones able to bid high enough to secure the premises. PCTs will soon realise the goldmine they are sitting on, so any action taken to stop exploitation of this opportunity must be taken now.

Other threats

As doctors are either induced or forced into these 'supercentres', there will be a polarisation of pharmaceutical services. As prescription revenue is sucked into the supercentre pharmacy, peripheral community pharmacies will see income decline.

As a result, pharmacies will close. With the NHS revenue stream, on which most depend, gone, many contractors will not be able to justify staying open. Of these, a large number will continue to trade for a while, because of the barrier to exit.

The principal obligations will be liability to the existing landlord, and the charge taken by the bankers for the mortgage against the lease as security of the loan itself. The goodwill would obviously have no value without the premises.

The other disadvantage of these PCT-run super health centres is that they will probably have the flexibility to source services and products directly from manufacturers or suppliers, and thus by-pass contractors. The Kingston Multifund

'victory' will pale into insignificance, when compared to this new threat.

There is little in guidance issued so far to prevent PCTs becoming pharmacy contractors. The health minister, John Denham, in response to concerns raised by PSNC, has stated that the NHSE will not encourage the PCTs to own pharmacies.

His sentiments are to be welcomed, but can they be relied upon in the medium term? Will Mr Denham still be there in five years' time when trusts start opening their own pharmacies? Precedent suggests that when people move on, good intentions are forgotten and it is only what's written down in black and white that matters.

Another scenario is where the PCT, in its new role of contract holder, will determine where and when to issue contracts. One wonders if this new-found flexibility and freedom will extend to an ability to 'sell' these contracts?

Doctors, too, are beginning to realise the goodwill values and earning potential of pharmacies co-located to a surgery, and are establishing their own limited companies. At the same time, they buy a cheap contractor in the neighbourhood with a view to relocation.

The future?

Taking a 'worst case' scenario and a medium- to long-term view, the future for smaller independent contractors looks grim.

● The bulk of the pharmacies in the new super health centres could be owned or operated by PCTs, multiples or doctors (via a corporate route) and not by independent contractors.

● A large number - possibly thousands - of independents could be forced to close.

● Over 50 per cent of the pharmacies would be owned by multiples as more and more contractors are forced to close down as a result of doctors' relocation into centres.

● PCTs start raising money by selling leases or contracts for health centre premises.

● Premium and rents of health centre pharmacies could go through the roof.

Courses of action

It is imperative that we focus on these issues and press the Government into limiting the powers of PCTs to own and control community pharmacies.

No trust-owned pharmacies: No PCT should be allowed to own pharmacies. Such a statement must be enshrined in law. We should not rely on promises made by ministers.

Consortium: In all premises owned by PCTs, the contract should be given to a consortium of affected contractors. The percentage shareholding should be in direct proportion to the anticipated loss in dispensing volume by existing contractors.

The consortium should then be allowed to operate the pharmacy and any member of the consortium wishing to sell his or her share should offer it first to the rest of the existing shareholders in the consortium, at market price.

Premium premiums: The trust or anyone else controlling the centre should be banned from charging a premium or any other form of key money.

Lease rentals: The rent should be determined by the district valuer on a fair open market rental value, regardless of the use of the premises as a pharmacy, and in accordance to Royal Institute of Chartered Surveyors (RICS) guidelines.

Rent reviews: These should be at market value, again in accordance to RICS guidelines, and should be on an upward or downward basis and not index linked.

Doctor equity: GPs should be banned from seeking equity in these consortium pharmacies, or any other kind of payment directly or indirectly. Doctors should not be allowed to own pharmacies in the trust owned centres via the limited company route.

Unless the powers of PCTs are adequately controlled, newly formed PCTs will represent a significant threat to pharmacy contractors. Once trust managers recognise the financial opportunities offered by the exploitation of community pharmacy ownership and control, they will be quick to exploit them.

It is essential that all action possible is taken now to ensure that any avenue of opportunity open to PCTs is closed off.

No.8 TUTORIAL

CHEMIST &
DRUGGIST



RHÔNE-POULENC



THE COLLEGE OF
PHARMACY PRACTICE

This tutorial has been designed to meet the requirement of the College of Pharmacy Practice in providing 1 hour of postgraduate education towards the College's continuing education requirement

Diarrhoea is an extremely common but potentially dangerous problem if the resulting dehydration is not treated. Here we look at how the rice-based oral rehydration therapy, Dioralyte Relief, can effectively rehydrate sufferers, while helping to shorten the duration of diarrhoea.

bring you Dioralyte Relief

Diarrhoea is a common condition experienced by all ages and has many causes. If mild, diarrhoea does not usually give cause for concern, but if it is moderate to severe, is prolonged, or is complicated by vomiting, the resulting dehydration can become a serious health risk.

Diarrhoea-induced dehydration can be particularly problematic in the young and elderly. In most cases of acute diarrhoea, the first line of attack should be oral rehydration therapy (ORT).

What causes diarrhoea?

Diarrhoea is a disturbance in the intestine's ability to re-absorb water and electrolytes from the stool. This results in increased frequency and volume of soft or watery faeces being passed.

The transport of water and ions across the epithelium is normally well regulated, with water and chloride secreted into the gut lumen while sodium and water are absorbed. In diarrhoea, the intestinal epithelium cell function can be upset by a variety of causes, including toxins, bacterial or viral infections or by damage to cells from an infection or other disease state.

Osmotic diarrhoea may be caused by the presence in the stool of water-soluble but non-absorbable compounds. This may include milk

(as in lactose intolerance where there is a lactase deficiency), sorbitol or mannitol (used as artificial sweeteners in products such as chewing gum), or magnesium sulphate. Other laxatives may trigger bowel-motility by increasing faecal mass or by a direct stimulant action, speeding up lumen transit time. This may also be true of hormonal influences. Bacterial toxins, viruses, excess bile acids, unabsorbed dietary fats and anthraquinone laxatives act as secretagogues, stimulating secretion into the lumen. Antibiotics can cause diarrhoea by disturbing the gut flora.

In some cases of constipation, there can be a paradoxical diarrhoea as liquid faeces builds

up behind impacted faeces and rushes round the solid mass. Less common causes include diseases of the mucosa, from ulcerative colitis to cancers, which may cause the intestinal wall to become 'leaky'.

Dehydration

If left untreated, the loss of fluids and electrolytes can lead to a breakdown in normal body function. Reduced blood volume, and loss of sodium, potassium, magnesium and chloride ions can lead to vascular collapse. Metabolic acidosis due to loss of carbonate ions may also occur. Reduced potassium can cause muscle weakness, respiratory problems and affect heart rhythm. Reduced magnesium may cause tetany.

Doctors can estimate the severity of dehydration by various signs and symptoms. These can include a fall in blood pressure; weaker but increased pulse rate; dry mucous membranes; peripheral blood flow slowed so the extremities may blanch or be cold; sunken eyes; skin with less tone; falling urine output and increasing thirst.

For pharmacists, it is difficult to assess the degree of dehydration. It would be wise to assume that dehydration is occurring if the patient has diarrhoea, so treat accordingly, and consider referral.

Treatment

For most cases of non-cholera acute diarrhoea, ORT should be considered the first option. Water can allow some rehydration to take place, but is slow and will not replace lost electrolytes. Nor will water on its own reduce the duration of the symptoms, which can be important in young children.

More effective absorption is possible using a co-transporter, such as a carbohydrate, to help drive water and electrolytes across the membrane. The presence of carbohydrate in ORT may also reduce the duration of self-limiting diarrhoea and reduce stool volume.

However, osmolality affects absorption and secretion. If the electrolyte solution has too



OBJECTIVES

To understand:

- the causes of diarrhoea
- the health reasons for treating dehydration in diarrhoea
- how oral rehydration therapy can help
- how different ORT formulations can affect the speed of recovery

high an osmolarity, rather than allowing water to be reabsorbed, water may be pulled into the lumen along the osmotic gradient.

For this reason, it is unwise to recommend sugary soft drinks such as colas. And besides being hypertonic, these drinks may have inappropriate electrolyte levels. Instead, ORT solutions should be used which have similar, or slightly lower, osmolarity to normal body fluids.

The World Health Organization recommends that ORT fluids should have a maximum osmolarity of about 310mOsm/l and sodium content of between 45 and 90mmol/l. Cola drinks have about 750mOsm/l, apple or orange juice between 550-720mOsm/l and 'sports' drinks over 330mOsm/l. Most have low levels of electrolyte.

Glucose vs rice

Traditional ORT has used glucose as the carbohydrate co-transporter. Combined with electrolytes it is extremely effective in replacing fluid and correcting electrolyte imbalance. However, it has no effect on stool volume or duration of the diarrhoea.

Cereal-based solutions containing starches, simple proteins and other substances have been found to be more effective.

Starch and simple proteins allow more transport of ions without affecting osmolarity significantly, allowing increased fluid uptake.

Products such as the glucose-based Dioralyte, with an osmolarity of 240mOsm/l when reconstituted correctly, allow effective rehydration and electrolyte replacement, but have little effect on diarrhoea volume.

Dioralyte Relief, a form of rice ORT, has an osmolarity of 140mOsm/l. This reduced osmotic load means stool volume can be cut by almost 25 per cent compared to standard Dioralyte, and duration of symptoms can fall by a third. Tests indicate that, on average, children's fluid intake reverted to normal after 12.7 hours when taking rice ORT, compared to 18.1 hours with glucose ORT.

Children who are dehydrated rarely refuse ORT. If they are not dehydrated, which may be

the case in mild or short duration diarrhoea, they may refuse the solution because of the salty taste. However, ORT should still be attempted.

Taste therefore, can be an important factor in encouraging children to take ORT as a precautionary measure. Dioralyte Relief has been formulated to have a sweeter flavour, have less after taste and not be so 'salty'. This should encourage better compliance, allowing more rapid rehydration which will speed recovery to a normal diet, while significantly reducing the duration of symptoms.

In terms of eating, food can be re-introduced as soon as patients feel they want it. Certain foods such as carbohydrates, lean

meats, yoghurt (where lactose has been hydrolysed), fruit and vegetables are better tolerated initially, and may also help reabsorption and further recovery. Fatty foods or those which have a high simple sugar content (such as soft drinks or juices) should be avoided.

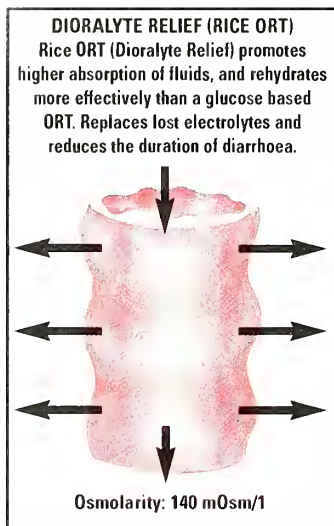
When to refer

Infants, the very young and the elderly are the most susceptible to problems relating to dehydration. Infants under three months should be referred

immediately, and young children, pregnant women and the elderly if there has been no improvement in symptoms within 24 hours. Refer older children or healthy adults if there is no improvement in diarrhoea in 36-48 hours

Other referral pointers:

- if blood is present in the stool
- if there is fever or the patient is vomiting
- if the patient has been abroad to the tropics or somewhere 'exotic' in the past year
- if the diarrhoea is spasmodic and the patient is otherwise constipated
- if the diarrhoea is chronic, or there is associated weight loss
- in patients with kidney or liver problems, or those who may already have disturbed electrolyte levels eg from medicines
- patients on drugs with a narrow therapeutic range.



PRODUCT INFORMATION

Presentation: Sachet containing active ingredients pre-cooked rice powder 6g, sodium citrate EP 580mg, sodium chloride EP 350mg, potassium chloride EP 300mg as powder for reconstitution with water. **Indications:** Oral correction of fluid and electrolyte loss and treatment of watery diarrhoea of various aetiologies including gastro-enteritis in all age groups from 3 months upwards. Particularly recommended in case of too loose or frequent stools where it enables over loose stools to revert to normal. **Administration and Dosage:** Each sachet should be reconstituted in 200ml fresh drinking water. For infants or where drinking water is not available the water should be freshly boiled and cooled. Adults and children over 1 year – one sachet after each loose motion up to 5 sachets per day for 3-4 days. Infants 3 months to 1 year under medical supervision – 150 to 200 ml/kg/24 hours, half the volume to be given during first 8 hours and other half during next 16 hours. Under 3 months not recommended. **Contra-Indications:** Patients with phenylketonuria, intestinal obstruction, severe renal and hepatic impairment. **Special Warnings and Precautions:** Do not dissolve in a diluent other than water. If diarrhoea persists unrelentingly for longer than 36 hours the patient should be reassessed by the physician. Care in cases of renal and hepatic impairment or where electrolyte balance disturbed. May be used in pregnancy and lactation under medical advice. **Interactions and Undesirable Effects:** None known. **RSP:** 6 sachets £3.40. **Legal Category:** P PL 00012/0275. **Date of Preparation:** May 1999. **Product Licence Holder** and further information from Rhône-Poulenc Rorer, Kings Hill, West Malling, Kent, ME19 4AH.

Test your understanding

Test your understanding by answering the following questions, then check your answers by phoning our computerised Telephone Marking Service on **0990 27 44 28** for an immediate result.

Just listen to the instructions and press buttons 1 or 0 to indicate your answers. "1" indicates true; "0" indicates false. Please note that calls are charged only at standard national call rates.

If you pass and are a pharmacist or an assistant and want the appropriate certificate for this College of Pharmacy Practice accredited course, simply sign then photocopy your answers and send them to: Mary Prebble, Pharmacy Editorial Projects, Miller Freeman UK. Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW.

Please enter your name and status (eg pharmacist / assistant), pharmacy, address, phone and RPSGB/PSNI number below:

1 Water soluble but non-absorbable compounds in the bowel can cause diarrhoea

☐ Yes ☐ No

2 Diarrhoea is likely to cause increased blood levels of electrolytes

☐ Yes ☐ No

3 Dehydration can cause the vascular system to collapse

☐ Yes ☐ No

4 Pure water is the best treatment for dehydration caused by diarrhoea

☐ Yes ☐ No

5 The intestine can absorb electrolytes better if a carbohydrate co-transporter is present

☐ Yes ☐ No

6 Sugary soft drinks may not help diarrhoea because they have too high an osmolarity

☐ Yes ☐ No

7 Glucose-based oral rehydration solutions help stop diarrhoea

☐ Yes ☐ No

8 Rice-based oral rehydration solutions shorten duration and help reduce the volume of diarrhoea

☐ Yes ☐ No

9 Milk can be used instead of water to mix the oral rehydration solution

☐ Yes ☐ No

10 Glucose is included in ORT powders to provide energy

☐ Yes ☐ No

Simplicity and technology combine in Millennium Shop at Chemex '99

Visitors to Chemex this year will get two for the price of one at one of the show's leading attractions - UniChem's Millennium Shop.

There will be two different formats for consultation areas to inspire pharmacists, and two different dispensary layouts showing a variety of drawer systems and carousels. There will also be two different types of medicines counters to look at, both of which will offer innovative ways of displaying Pharmacy medicines.

"They will show ways of getting P medicines into the front shop without putting them on self-selection," according to UniChem marketing controller, Peter Skinner, who says he is really excited about the Millennium Shop's messages.

UniChem's interactive stand has established itself over the years as a focus for pharmacists as retailers to see how shopfitting and display techniques actually look in practice, and this year 'simplicity and technology' will be the key themes.

"We want to demonstrate the benefits that pharmacists can bring to their business by doing simple things right," says Peter Skinner. "This means uncluttered layout and display, clear branding and strong, effective promotional messages."

UniChem will be demonstrating how this can be combined with powerful technology like its Tactician sales demographic profiler and the

relaunched Moss Advisory Service to maximise retail sales. "We will also be showing other aspects of computer technology that are appropriate to the millennium," he says.

For example, UniChem will be demonstrating its Category Average Performance Reports, which allow any pharmacy to compare its sales figures against an 'average' Moss pharmacy with the same profile. So any pharmacist wanting to know how their business stacks up should bring their sales figures with them.

Shopfittings in the Millennium Shop are being supplied by SGI, and if UniChem customers are interested in seeing what they might get if they win the £10,000 shop refit in the wholesaler's millennium promotion, this is the chance for a sneak preview.

Manufacturers who have been involved in UniChem's Millennium promotion will be showing how to display merchandise, so expect to see representatives from big names like SmithKline Beecham Healthcare, Procter & Gamble, L'Oréal, Laboratoires Garnier, Bristol-Myers, Kodak, Duracell and Nestle.

"There will be some new ideas for presenting promotions and we will be showing some new promotional graphics and display material," says Peter Skinner. Any feedback will be welcomed.

The Model Shop will occupy a large site on the mezzanine floor at the Olympia venue. Don't miss it!



The pharmacy of the future - relaxed and open

Is your pharmacy 'Fit for the Millennium'?

Had your pharmacy done up recently? Got a new fascia? Upgraded your medicines counter? Installed a consultation area? In other words, have you invested in a refit to make your pharmacy fit for the millennium?

If so, look out for the entry forms on the Whitehall and C&D stands for the 'Fit for the Millennium' shopfitting

awards, being launched at Chemex '99. This well established award uncovers the best in UK pharmacy design ... and it could be you.

There is £5,000 in prize money to be won. Entry is open to independents, multiples and even shopfitters, so remember to pick up your entry form if you've had a refit in the past year.



5TH-6TH SEPTEMBER 1999 • OLYMPIA 2 • LONDON

CHEMEX'99

WHERE COMMUNITY PHARMACY COMES ALIVE

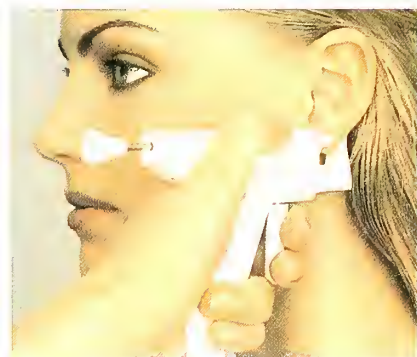
Ear-piercing system for pharmacies only

A Swedish ear-piercing system, which is being introduced in the UK exclusively in pharmacies, will be shown at Chemex '99 on stand N24.

The Blomdahl Medical Ear Piercing System has been developed by Blomdahl Medical AB of Sweden to offer maximum hygiene standards, which eliminate virus infection transmission during the ear-piercing procedure.

The company says that its system will be exclusive to pharmacies to ensure that the procedure stays in the hands of medically knowledgeable personnel.

The system features a sterile disposable cassette containing one ear-piercing earring. The ear only comes into contact with the sterile cassette and never with the instrument.



The ear-piercing earring is made of either medical grade titanium or medical plastic, which minimises the risk of allergic reactions.

● The system will be the topic of a Chemex seminar about ear piercing on September 6 at 12 noon.

Poly (UK) Ltd.
Tel: 01628 822212.

Torbet to launch new thrush treatment

A new vaginal thrush treatment will be on show on the Torbet Laboratories stand at Chemex '99.

Privacom Pessary contains 500mg of clotrimazole and is one of the imidazoles group of medicines, which work by killing the fungus causing the symptoms.

The company also plans to introduce Privacom Cream and Privacombi pack (clotrimazole 500mg pessary and clotrimazole cream 20g)

to offer a range of products for the complete treatment of vaginal thrush.

The launch is being supported by advertising which includes a radio campaign. Display stands and PoS material will be available for pharmacies.

Special exhibition deals will be available on stand M21 throughout Chemex '99.

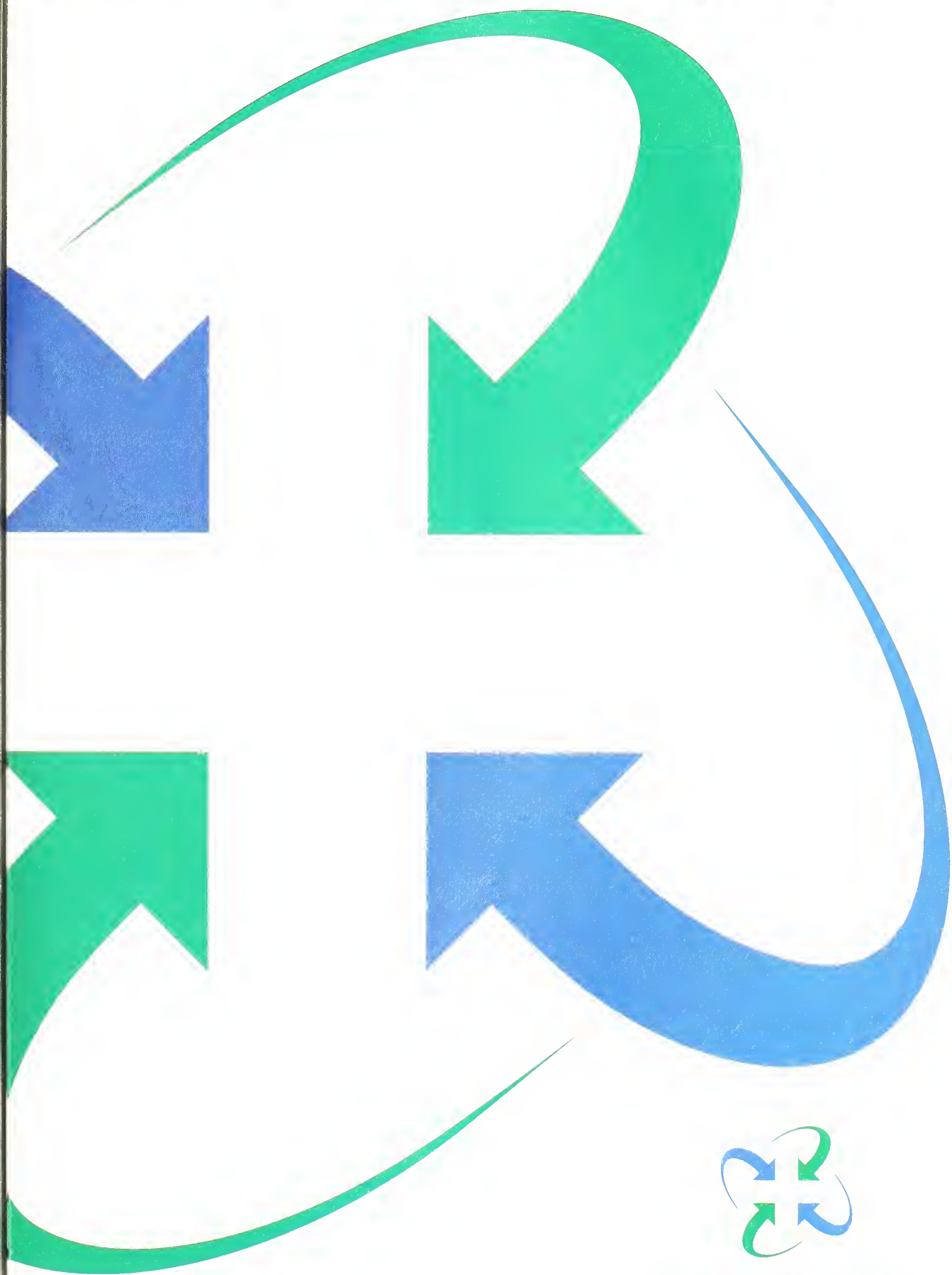
Torbet Laboratories Ltd.
Tel: 01634 817790.

NEW LOOK

UniChem's new corporate identity represents the 4 core values of our business. Service, Innovation, Excellence and Partnership. A pharmacy cross is created at the centre of the arrows defining our commitment to healthcare supported by over 60 years of service to independent pharmacy. Whilst we have a new look, our vision remains clear. To provide our customers with the very best in wholesale service. You will soon see our new identity appearing everywhere. You can be confident that our commitment to support your business is total.

SERVICE + INNOVATION + EXCELLENCE

CLEAR VISION



PARTNERSHIP



UniChem
Delivering Healthcare

Millennium babes

Will it be worth stocking up on your supplies of infant formula and disposable nappies before the end the year, in preparation for the turn of the millennium? **Sarah Thackray** investigates how pharmacies can maximise babycare sales in the face of growing competition

Selling more baby products when fewer babies are being born is tough. The UK birthrate fell by 1.5 per cent to 700,000 last year and it is forecast to decline by a further 1 per cent in 1999.

However, the signs are that we may see an upward trend, with a blip of millennium babies at the beginning of 2000. Superdrug reported a 540 per cent increase in requests for its in-store pregnancy tests over the four week period between April and May. Out of the 25,760 women who used Superdrug's free pregnancy testing service for millennium babies, over 26 per cent tested positive - indicating that maternity wards will be busy at the turn of the millennium.

An on-line Millennium Baby Club for mums expecting babies at the start of next year has even been launched by babyworld.co.uk - a new UK-based pregnancy and parenting web site that is making virtual antenatal clubs a reality. The club's antenatal teacher advises parents on how to prepare for the birth and supplies information that is relevant to their progressing pregnancies. The club also provides a forum for asking questions, voicing concerns and sharing experiences with other expectant parents.

Panic buying?

The anticipated birth peak is only one reason why it may be prudent for pharmacies to stock up on babycare lines before the end of this year, according to Richard Davies, trading director for Nutricia.

"As hype around the millennium bug builds and is whipped into a frenzy by the media, stock level management will be altered," he warns. "If there is panic buying, infant formula will definitely be one product that will be bought. As manufacturers, we have to plan for this carefully to be able to service demand, so we are currently talking to retailers about how we can manage that situation."



The continual shift of baby products, from pharmacy to grocery, in the 1990s has left many pharmacies with a bad feeling about the baby business. Last year, chemists (excluding Boots) experienced a slight drop in the value of their share of the total baby product business from £12.9 million (FSA Nov/Dec 1997) to £12.4m (FSA Nov/Dec 1998).

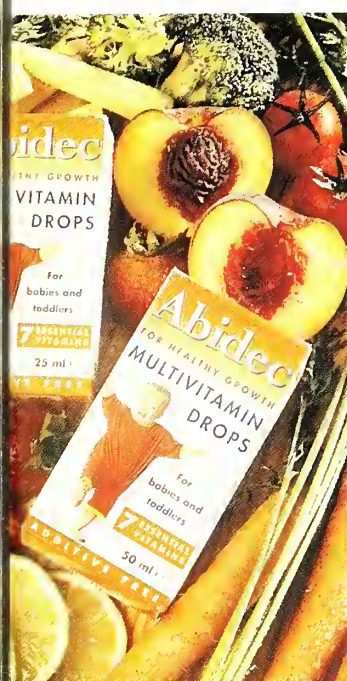
The major grocery multiples have

tried everything - from introducing special trolleys and parking areas, through to cut price milks or nappies and loyalty cards - to woo mums with young babies. Pharmacies are also facing increased competition now from baby specialist stores like Mothercare, which has recently introduced branded weaning foods into its shops.

Paul Evans, Numark's assistant

category manager for babycare, believes that pharmacists need help to make the most of the babycare market.

He told C&D: "Most pharmacists will acknowledge that mothers who visit pharmacies often generate a higher basket value. Their first purchase is a distress one such as nappies, but a second sale could be an impulse buy such as a haircare,



Abidec multivitamins drops from Warner Lambert are being backed by an extensive educational programme throughout this year



A natural alternative to conventional nappy rash treatments, Lanes' Tea Tree and Witch Hazel Cream has recently been repackaged in a tube

skincare or cosmetic product. Yet, baby care is seldom merchandised or planogrammed to make the most of potential within the market. A common complaint from pharmacists concerns the amount of shelf space 'wasted' on nappies.

"The baby care market, however, should not be viewed as an isolated sector, but as a stepping stone for the consumer to access other product categories in the pharmacy, and should be valued as a tactical strength



A free father's support pack is the latest educational initiative from Warner Lambert to support Calpol, as part of a £2.7m marketing campaign that also includes consumer advertising. Nick Burgoyne, senior brand manager for Calpol, says the company's research shows that parents' belief and trust in Calpol has not wavered, following the 1 litre paediatric sugar-free suspension recall in February. The 1 litre bottle was recalled as tests showed an increased level of paracetamol in the top layer. The problem was quickly rectified and the replacement 1 litre bottles have been back in stock since April 1. Calpol dominates the paediatric analgesic market with a 71 per cent share (M/A MAT)

to a pharmacy's offering. It also helps secure further visits as the baby grows up."

Pharmacies can build a more commercially attractive baby care business, if they follow the principles of category management often associated with the bigger retailers, according to Leigh Edwards, general sales manager for Heinz Infant Feeding.

He points out: "Mothers are generally twice as valuable in terms of spend than the average shopper. The friendly neighbourhood pharmacy that manages to create the right environment to aid a mother's purchasing decision, with good advice and a well laid out store, is likely to win her loyalty. Pharmacists need to bring together information on sales volume and value with their knowledge of the local market.

"The baby care fixture should be seen in the wider context of a pharmacy's offering. By analysing store sales data, it is possible to calculate volume, value and profitability data versus other categories. If this is measured against current space allocation, the sales contribution of the different categories can be identified and the pharmacist then has clear rationale about what space to allocate to which category."

Wiping up

By the end of last year, mums were spending less money in chemists on baby foods than they were the year before, but more on disposable nappies, milks and baby wipes.

Disposable nappies, baby wipes, foods, milks, bottles, teats and soothers, tableware and teething pain relief products are all growing sectors of the market, according to FSA.

By far the fastest growing of these sectors is baby wipes, which grew by 15 per cent last year, helped by bigger packs. Brand leader in this category is P&G's Pampers baby wipes, followed by Johnson's wipes.

The baby milks market grew by 8 per cent last year - mainly driven by follow-on milks - cow's milk is not recommended as a baby's main milk drink, until the baby is at least 12 months old. The growth in readymade milk and soya formulae is lifting the average selling prices for milks.

Leigh Edwards at Heinz stresses the value of keeping the milk fixture stocked with all the key brands and with first, second and follow on milks at all times. "Milks are the most

How child friendly is your pharmacy?

A search for the 'Child Friendly Pharmacy of the Year' is currently underway. Novartis Consumer Health, manufacturer of Tixylix and Tixymol children's cough and cold medicines, has once again teamed up with *Mother & Baby* magazine to track down a winner.

Pharmacies are nominated by parents who are indebted to the knowledge, approachability and concern from their local pharmacy when dealing with their children's health matters. Nominators are asked to answer four questions about their pharmacy and then reveal a particular incident that best illustrates why they feel it deserves the award.

The winning pharmacy will receive a set of baby weighing scales to install in the shop - an obvious attraction for mums! They will also be profiled in the February 2000 issue of *Mother & Baby* magazine. The nominator will win a short break for two people at a health farm.

The entry form for the award is in the July issue of *Mother & Baby* or parents can ring 0930 563018 and a copy of the entry form will be sent to them. All entrants will receive a copy of the booklet 'Making it better', which offers advice on caring for a sick child.

Joanna Newell, brand manager at Novartis Consumer Health, comments: "As the trend for working mums grows, it is easy to see why so many rely on the advice given by their local pharmacy. Our research shows that 46 per cent of mothers visit their local pharmacy to purchase medicine."

profitable sector within the infant feeding category, he says. "Infant formula milk is over 90 per cent brand loyal. If a mother cannot find the brand of milk she wishes to purchase in the store, she will simply shop elsewhere. She will not select an alternative brand. This means lost

Continued on P26 →



Metanium ointment is being supported with an educational leaflet called 'A guide to nappy rash', which is available from Roche Consumer Health for distribution in pharmacies

→ Continued from P25

sales from nappies and wipes, as well as food and drink."

Healthcare provider

Sales of baby feeding products in independent pharmacies have stagnated over the past five years. Latest FSA research shows a 5 per cent decrease in bottle, teat and soother business through independent pharmacies, compared to a 4 per cent increase in groceries.

John Morris, general manager of Cannon Aven, believes the key for a pharmacy to maximise baby sales is to reinforce its role as a professional healthcare provider. He says:

"Independent pharmacies have a huge potential to become the UK's premier provider of healthcare support for mothers shopping for feeding equipment and particularly those who choose to breast-feed."

Campaigns to promote the benefits of breast-feeding are more active than ever. The Government will spend an extra £1m this year on promoting breast-feeding and other infant feeding initiatives.

According to Tessa Jowell, the health minister: "Most of us know that breast-feeding gives babies the healthiest start in life. But some mothers do not have the confidence to believe that their breast milk is good enough for their babies."

"It's important that women have realistic information about breast-feeding and know what to expect. Breast-feeding is not plain sailing for every mother. Support from family, friends and health professionals is crucial when things don't go as smoothly as textbooks might suggest."

John Morris adds: "A majority of mothers (64 per cent) do start off breast-feeding - that's 470,000 mums who have used breast-feeding products in the past year. Apart from spending up to 25 per cent more than

Total baby products Annual sector shares

	£1142.2m	£1195.4m	% CHANGE VALUE (98 vs 97)
Disposable nappies	42.9	42.9	+5%
Disposable training pants	1.4	1.1	-16%
Foods	13.7	13.7	+4%
Milks (incl. soy)	13.2	13.6	+8%
Wipes	7.8	8.6	+15%
Toiletries	5.2	4.9	-3%
Bottles, teats, soothers	3.1	3.2	+7%
Toblenes	2.8	2.9	+9%
Cotton wool	2.3	2.2	-3%
Drinks	1.8	1.8	+1%
Special creams	1.5	1.3	-5%
Bibs	1.3	1.2	N/C
Teething pain relief	0.6	0.6	+4%
Finger foods (incl. rusks)	0.8	0.8	-1%
Sterilants	0.6	0.5	-12%
Gripe & colic treatments	0.4	0.4	-4%
Breast/nursing pads	0.5	0.4	N/C
	12 M/E DEC '97	12 M/E DEC '98	Source: FSA

an 'ordinary shopper', a new mother is also actively seeking out information, reassurance and support. Independent pharmacies can provide the ideal environment for this."

Nutricia is currently inviting people from the local community to come into pharmacies to be educated on such topics as weaning, food safety and how to get a child to sleep. This is part of Nutricia's new Babyfeeding Centre of Excellence programme.

Richard Davies at Nutricia explains: "We intend to get the healthcare professional experts in our business talking to mums in a retail

environment. Because of the importance of the pharmacist as a giver of service and information in this business, there is a key role that community pharmacies can play in terms of that service ... The multiple grocers are known for many things but not for information about how to feed a baby!"

WOODWARD'S
COLIC DROPS

RELIEVES INFANT COLIC,
GRIPING PAIN & WIND



BABY WOODWARD
Debi 1988

Seton Scholl aims to educate both mothers and health professionals on the myths and facts surrounding colic and gripe, with an integrated marketing campaign for its Woodward's range

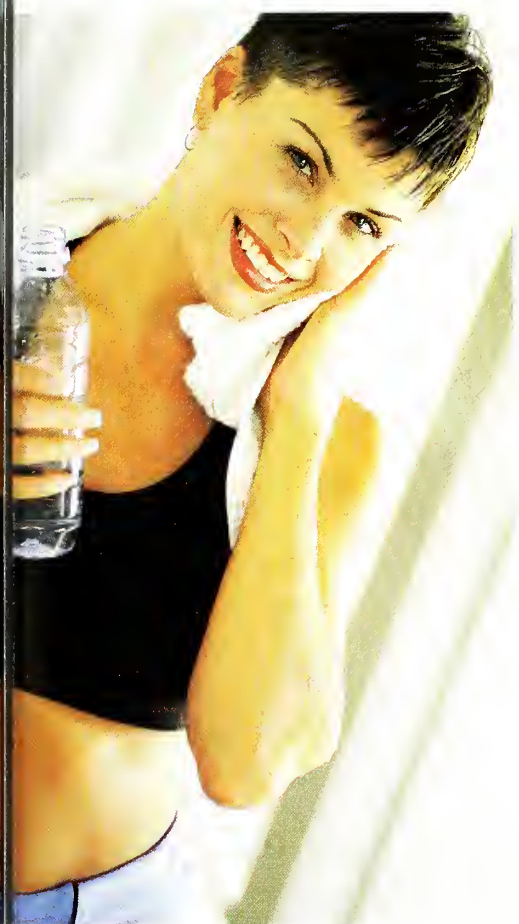
Total baby products % value split in chemists (excluding Boots)

	£12.9m	£12.4m	
Disposable nappies	23.7	28.3	Disposable nappies
Training pants	2.5	2.1	Training pants
Milks	18.4	20.8	Milks
Foods	14.8	9.0	Foods
Toiletries	5.7	5.8	Toiletries
Baby wipes	4.3	8.9	Baby wipes
Bottles, teats, soothers	6.4		Bottles, teats, soothers
Cotton wool	1.4	5.6	Cotton wool
Drinks	2.1	1.1	Drinks
		1.5	
All others	20.7	16.9	All others
	NOV/DEC '97	NOV/DEC '98	Source: FSA



Reckitt & Colman is stepping up its spend on a nationwide advertising campaign for Bonjela oral pain-relieving gel, which targets mums with teething babies

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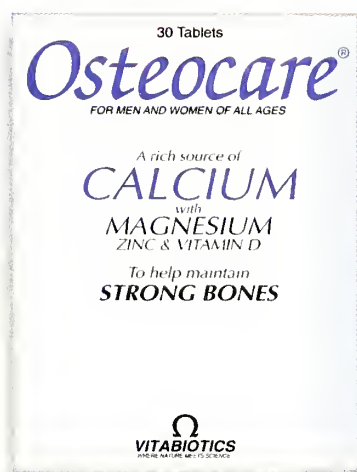


Every week the national press focuses more attention on the importance of diet and exercise in building a strong skeleton.

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Concerned by one food scare after another, what is today's mum choosing to feed her baby? Sarah Thackray reports

Food for thought

Demand for organic food leapt by 40 per cent last year and shows no sign of easing. In the organic babyfood sector, parents' concerns about the genetically modified foods debate and other food scares have helped boost sales, which are now growing at the staggering rate of 110 per cent per annum.

Before the GM foods scare, the organic market growth was 60 per cent. The organic babyfood sector now accounts for nearly 20 per cent of the value of the wet babyfood sector (FSA Mar/Apr 1999).

Pharmacy distribution of the organic brands is patchy. HiPP only has good distribution in London-based pharmacies and Baby Organix is currently sold by around 50 independent pharmacies who currently buy their stock from healthfood wholesalers.

Organic jackpot

HiPP is the fastest growing babyfood brand and has increased its market share of the total UK babyfeeding market from 1.8 per cent to 7.8 per cent in less than two years (FSA Mar/Apr 1999).

Brand leader in wet babyfood in Germany, the HiPP range is now fourth in the UK wet babyfeeding market - behind Olvarit, but ahead of the reintroduced Cow & Gate jar range.

Jane Mayall, HiPP marketing manager, says: "We strongly believe that every mother should have the

opportunity to buy organic babyfood, so HiPP is competitively priced in line with a mainstream brand like Olvarit.

"Mothers are now more cautious about what they feed their baby, and organic foods have a safety factor built in because they are so strictly controlled. Yet, although mothers might buy the HiPP brand initially because of food safety concerns, they stay with it because their babies like the taste. No matter how wonderful a brand is, it's of no value at all if a baby won't eat it!"

According to research carried out by Baby Organix, 33 per cent of mums regularly buy organic babyfoods. Catherine Lycett, sales director for Baby Organix, says: "Every time there is a food scare, more mums turn to organic babyfood. They often feel that it's too late for them but decide that organic food is the safest option for their babies."

Despite some distribution problems, sales of organic brands, like HiPP and Baby Organix, have recently accelerated to a degree that is bound to worry leading mainstream babyfood manufacturers Heinz and Nutricia.

The Infant and Dietetic Foods Association reports: "The babyfood companies have taken note of many parents' concerns about GM food ingredients and are taking steps to ensure that the ingredients they use are not derived from genetically modified crops." But has the time come when we can expect to see the big players in the babyfeeding market move into organic foods?

Richard Davies, trading director for Nutricia, believes that organic food is here to stay and isn't simply a fad. He told C&D: "Although the organic sector is still relatively small, it is a market which is growing significantly. There is a hard core of organic users and one would assume that, over time, that number will increase and, at some point, it will need a major player to move into that marketplace. I think in two years' time you could anticipate that the organic market will be much bigger and we will hopefully be a significant player in it."

Dried up sales

With the ever-growing number of food scares making parents more concerned about the quality of food they give to their babies, sales of dry babyfoods have taken a tumble. Last year saw an acceleration in this market decline with a fall of 5 per cent for dry babyfoods (FSA Nov/Dec 1998 vs Nov/Dec 1997).

"Packet meals have traditionally been perceived as inferior to wet foods and this has led to a gradually declining market," says Robin Turner, business manager for Milupa. "We believe we can reverse this trend by demonstrating that packet meals aren't simply a convenience food, proving that they have a good solid nutritional base."

Nutricia is upgrading both its Milupa and Cow & Gate packet meals this summer - improving the taste and texture of many recipes and repackaging both brands to stimulate



Cow & Gate's new 'dry' look

product trial. Targeted at 'discerning mums', the new look Milupa packet meals contain an increased percentage of fresh fruit and vegetables, with no gluten in meals for babies below six months and no maltodextrin or refined sugars.

The inclusion of gluten in first stage foods and of maltodextrin (a carbohydrate usually produced from cornstarch) in dried babyfoods has been criticised in recent years by the Food Commission, which campaigns for healthier food. Critics of maltodextrin claim that it is a pure additive with no nutritional value. They have also been concerned that it is similar to sugar. Manufacturers find maltodextrin useful in dried foods because it absorbs very little moisture from the air - helping the food to remain free-flowing from the packet.

The brightly repackaged Cow & Gate packet meals (targeted at mass market consumers) do still include maltodextrin, but the taste and texture of the meat dishes has been improved

Continued on P30 →



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PRODUCT INFORMATION

Presentation: Vaginal Tablet containing clotrimazole 500mg. Uses: For the treatment of fungal infections of the vagina known as thrush. Dosage and Administration: the treatment consists of one vaginal tablet to be inserted in the evening. The tablet is placed into the holder of the applicator provided. The applicator is inserted into the vagina as deeply as is comfortable. This is best achieved when lying on the back with the legs slightly bent. The plunger is slowly pushed in as far as it will go depositing the tablet in the vagina. The applicator will then be removed from the vagina and disposed of carefully, out of the reach of children. As a matter of practicality the treatment should be continued only after consulting the attending doctor. Contraindications: Clotrimazole Vaginal tablets should not be administered in cases of hypersensitivity to clotrimazole or any of the other ingredients. Clotrimazole Vaginal tablets are only to be used according to the doctors directions if patients are younger than 16 years or suffering from a fungal disease for the first time. Pregnancy and Lactation: Privacom should not be used in early pregnancy. During pregnancy treatment with Privacom should be carried out only if the attending doctor considers it necessary and without using an applicator. Interactions: Clotrimazole reduces the efficacy of other drugs which are used for the treatment of fungal diseases (amphotericin and other polyene antibiotics, eg. nystatin). Undesirable Effects: Rarely patients may experience local mild burning or irritation immediately after applying the vaginal tablet. Very rarely the patient may find this irritation intolerable and stop treatment. Hypersensitivity reactions may occur. Legal Category: P Marketing Authorisation Number: PL 11311/0042 Marketing Authorisation Holder: Tillomed Laboratories Date of Preparation: July 1999.

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and extra fruit has been included to enhance breakfasts and desserts. The streamlined range comprises 25 best-selling recipes grouped into stages for each weaning step.

Farley's & Heinz Infant Nutrition also relaunched its Farley's dry food and rusks range, earlier this year, with a new brand identity.

Mario Salvatori, Farley's category manager, says: "Our overhaul of the brand will ensure that consumers are clearer about the segmentation of Farley's by age and meal occasion. We know that the majority of mothers wean their babies on dry foods because of the flexibility of portion control and adaptable texture."

Farley's new brand identity is also designed to give more prominence to the food values and the packs feature prepared recipe photography with plenty of colourful ingredient illustrations.

At your fingertips

The baby finger food sector, which is currently worth £9.4 million, is dominated by rusks (92 per cent), with rice cakes, bagels and bread sticks making up the other 8 per cent. Farley's dominates this market, with a share of 86 per cent (MAT Dec 1998).

Nutricia aims to regenerate this sector with the launch of its new Milupa multi-cereal biscuits. Suitable for babies from six months, the biscuits contain vitamins, iron and calcium. Designed to be fun to eat, they will encourage weaning development into finger foods.

The finger food sector is also being regenerated by Nestlé, which is launching a new range of toddler snacks and drinks into the pharmacy sector this month. "Mothers constantly seek reassurance that they are giving their children good, nutritious food," says Nicole Kruger, senior brand manager for Nestlé Junior.

So, why has Nestlé chosen this particular time to enter the UK market with a toddler range? The company told C&D: "The Junior range fills a much-needed gap for nutritious alternatives to existing snack and drink products developed for toddlers

Top wet food brands

1. Heinz jars
2. Heinz cans
3. Cow & Gate Olvarit
4. HIPP

Top dry food brands

1. Forley's
2. Milupa
3. Boots OB
4. Cow & Gate

Source: FSA

aged one to three. Social trends mean that time is at a premium for many mothers and the Junior range offers convenience, toddler appeal and meets the child's needs for energy dense snacks."

Nestlé will throw its weight behind its debut into the UK toddler market with a £2m press, radio and outdoor ad campaign starting in the autumn. However, when it comes to establishing a trusted image for feeding tiny tots, some industry observers believe the company will need to work extra hard to rebuild a somewhat tarnished international reputation resulting from its infant formula activity in third world countries.

It certainly comes as no surprise that Nestlé has chosen to enter the UK babyfeeding market at the toddler stage rather than at birth with infant formula.

Although it is likely to be harder for the company to attract mums for the first time once their babies are over 12 months rather than at an earlier weaning stage, Nestlé's marketing muscle should help develop a distinct segment with potential for good growth.

In a new move for the baby drinks market, Nestlé's two Fruit Splash drinks are being sold in a multi pack of three cartons.

Drink problems

Sales of baby drinks were flat last year – a trend which the babyfeeding manufacturers are quick to blame on last summer's poor weather. However, baby drink sales are unlikely to be buoyant in light of the publicity surrounding the dental decay that can be caused by the inappropriate use of fruit drinks.

Only last month, an NHS survey found severe decay in the upper front teeth of 23 per cent of toddlers in Manchester, and The Health Education Authority blamed the problem on parents and carers giving young children far too many sugary drinks.

The HEA has recently sent 10,000 education packs to nurseries, family centres and playgroups to educate child carers and parents about good dental health for young children.

The HEA says that if babies are given fruit drinks it should only be at mealtimes. Parents are advised to teach babies to drink from cups as early as possible to limit the amount of time they spend sipping sweet drinks.

New arrivals

A look at what's new in the baby care market this summer

Rise and shine

With £58m worth of adult cereals fed to children aged up to two years every year, Nutricia is determined to tap this market by increasing parents' loyalty to the babyfeeding fixture for longer.

The company is introducing a new Cow & Gate range of '8 Month Breakfasts' in an attempt to stop mums from switching to adult cereals after their babies reach eight months.

The Cow & Gate cereals have been developed to provide the interest and taste of cereals like Cornflakes and Rice Krispies combined with the nutritional reassurance of a 'baby' range. Fruity Flakes, Apple & Orange Snaps, Banana Mini Crispiques and Banana Oat Crunchies come in 250g packs (rsp £2.29), the same size as a small Kellogg's Cornflakes packet.

Cow & Gate Ltd (div of Nutricia).
Tel: 01225 768381.



Cow & Gate

Toddler treats

Aimed at the UK's 1.9 million children aged one to three years, the new Nestlé Junior range initially comprises three snack foods and a fruit-based drink.

The range has been formulated to help provide the energy, vitamins and minerals essential for a toddler's rapid growth.

Junior Milk and Honey Biscuits (rsp £1.19 for a 125g box), Sesame Sticks (rsp £1.19 for a 90g box), Apple and Banana Fruit Stick (£0.45 for a 30g bar) are all designed for small hands, encouraging children to feed themselves.

Nestlé's two Junior Fruit Splash drinks – Orange & Apple, Pear & Blackcurrant – are sold in a multi-pack of three x 180ml cartons (rsp £1.19).

● Nestlé is planning to announce further toddler product launches later this year.

Nestlé UK Ltd.
Tel: 0181 686 3333.

ESSENTIAL INFORMATION

Imodium™ Plus

Presentation: Chewable tablet containing Loperamide Hydrochloride Ph Eur 2mg and Simethicone USP equivalent to 125mg polydimethylsiloxane. **Indications:** Imodium Plus is indicated for the symptomatic treatment of acute diarrhoea in adults and adolescents over 12 years when acute diarrhoea is associated with gas-related abdominal discomfort including bloating, cramps or flatulence. **Dosage and administration:** Adults over 18: Two tablets initially, followed by one tablet after every loose stool. Young adults age 12-18: 1 tablet initially followed by one tablet after each loose stool. Not to be used for children under 12 years. **Maximum dose:** Four tablets in 24 hours, limited to no more than 2 days. **Contraindications:** Hypersensitivity to any component of the product. Acute dysentery characterised by blood in stool or high fever. Imodium Plus contains sorbitol and should therefore not be used in patients with sorbitol intolerance or fructose intolerance (i.e. in fructose -1,6-diphosphatase deficiency). Avoid when inhibition of peristalsis is undesirable. Acute ulcerative colitis or antibiotic-related pseudomembranous colitis. **Precautions:** In patients with (severe) diarrhoea, fluid and electrolyte depletion may occur. In such cases, appropriate fluid and electrolyte replacement should be considered. If symptoms persist for more than 48 hours, treatment should be stopped and a doctor consulted. Imodium Plus should only be used during pregnancy or lactation on the advice of a doctor. Medical supervision is required in patients with severe liver dysfunction. Diarrhoea should be treated cautiously if possible. Drugs prolonging intestinal transit time can induce development of a toxic mega colon. Discontinue if constipation and/or abdominal distension develop. **Side effects:** Nausea, hypersensitivity reactions (e.g. skin rash), headache, dry mouth, cough, chills, taste disturbance, constipation and/or abdominal distension. Rarely, paralytic ileus, usually following improper use. **Treatment of overdose:** If CNS depression or paralytic ileus occur following an overdose, naloxone can be given as an antidote. Repeated doses of naloxone may be required. The patient should be monitored for CNS depression for at least 48 hours. **Price:** 6 tablets £3.45, 18 tablets £7.95. **Legal category:** P. PL: 13249/0020. **PL Holder:** Johnson & Johnson MSD Consumer Pharmaceuticals, Enterprise House, Station Road, Loudwater, High Wycombe, Bucks, HP10 9UF.

Imodium™

Presentation: Capsule containing loperamide hydrochloride 2mg. **Indications:** P: Symptomatic treatment of acute diarrhoea associated with IBS in adults following initial diagnosis by a doctor. P & GSL: Symptomatic treatment of acute diarrhoea in adults and children over 12 years old. **Dosage and administration:** Adults and children over 12: Two capsules initially, followed by one capsule after every loose stool. Usual dose is 3-4 capsules per day. For symptomatic treatment of acute episodes of diarrhoea associated with IBS in adults: Two capsules initially, usual dose is 2-4 capsules per day in divided doses, depending on severity. **Maximum dose:** 8 (P) and 6 capsules (GSL) in 24 hours. **Contraindications:** Hypersensitivity to any component of the product. Acute dysentery characterised by blood in stools for high fever. When inhibition of peristalsis is to be avoided, in particular when ileus or constipation are present or when abdominal distension develops particularly in severely dehydrated children or in patients with acute ulcerative colitis or antibiotic related pseudomembranous colitis. **GSL - do not use when inflammatory bowel disease is present.** **Precautions:** In patients with diarrhoea, especially young children, fluid and electrolyte depletion may occur. In such cases appropriate fluid and electrolyte replacement should be considered. If symptoms persist for more than 24 hours, a doctor should be consulted. It is not advisable to use Imodium during pregnancy and caution is advised if Imodium is to be administered to a nursing mother. Imodium must be used with caution when the hepatic function necessary for metabolism of the product is defective: e.g. in cases of severe hepatic disturbance. Patients taking Imodium to control episodes of diarrhoea associated with IBS diagnosed by a doctor should consult their doctor if their pattern of symptoms changes, episodes of acute symptoms continue for more than 2 weeks or there is a need for continuous treatment of more than two weeks. **GSL - first line treatment in acute diarrhoea is prevention or treatment of fluid and electrolyte depletion particularly in frail and elderly patients.** **Side effects:** Abdominal cramps, nausea, vomiting, tiredness, drowsiness, dizziness, dry mouth and occasional hypersensitivity reactions (e.g. skin rash including urticaria) have been reported. Rarely, paralytic ileus, bloating and constipation have been reported. **Treatment of overdose:** If CNS depression or paralytic ileus occur following an overdose, naloxone can be given as an antidote. The patient should be monitored for CNS depression for at least 48 hours. Gastric lavage or induced emesis and/or enema or laxatives may be recommended. **Price:** 2 capsules £1.00, 8 capsules £3.90, 12 capsules £5.15, 18 capsules £6.35. **Legal category:** P 12/12/18 capsules. **GSL 2 capsules.** **PL: 00242/0028.** **PL Holder:** Janssen-Cilag Limited, Sanderson, High Wycombe, Bucks HP14 4HL.



Finger food for Nestlé

Continued on P32→

I'm

never sure how I'll
react to spicy food

The digestive system can be extremely unpredictable when it comes to handling rich, spicy foods. One day there may be no reaction at all, on another the very same meal can easily result in acute diarrhoea and abdominal discomfort.

When the latter occurs, sufferers will usually pay a visit to the nearest pharmacy in search of a remedy and professional advice. At times like this you can do no better for your customer than recommend Imodium Plus, the breakthrough formula that combines loperamide with simethicone. Just one chewable dose can bring rapid, effective relief, and can also treat the associated symptoms of wind, bloating and cramps, thus restoring the body's normal balance.

To support all your diarrhoea recommendations, we have launched an extensive pharmacy educational programme. If you would like to be part of this and receive one of our 'I'm here to help' support packs, just call us on 0800 3890030. Then, whenever customers seek your advice, you and your staff can serve them with just the right remedy.

Which is one thing that is certain to go down well.



→ Continued from P30

High and dry

HiPP has launched four dried varieties in its organic babyfood line up. The new dried range comprises Organic Baby Rice, Organic Harvest Cereal Breakfast, Organic Spring Carrot & Rice and Organic Tomato & Carrot Savoury.

Presented in a resealable foil pack, the food should keep fresh for four weeks once the pack is opened. The launch retail price is £1.79 for 150g.

HiPP Nutrition UK Ltd.

Tel: 01635 528250.

Fingers crossed

Nutricia is aiming to develop the finger foods segment with the launch of its new Milupa multi-cereal biscuits. Suitable for babies from six months, the biscuits contain iron, calcium and vitamins specifically for babies' development needs.

Designed to be easy to hold and fun to eat, they will encourage weaning development into finger foods. The biscuits can be crumbled with milk to make a cereal base. Retail price is £1.35 for 180g box.

Milupa Ltd (div of Nutricia).

Tel: 01225 768381.

Organic options

Baby Organix has identified finger food for babies as a growing opportunity and will launch organic apple, banana and cinnamon bread sticks in September.

The bread sticks are designed to provide mums with a sugar-free finger food alternative to rusks. The company will also relaunch its organic cereals range and its infant pasta and sauces with new improved products in the autumn. Free recipe cards and organic weaning guides are available for pharmacies to give to customers.

Baby Organix

Tel: 0800 393511.

Soothing relief

Palmer's new Cocoa Butter Formula Nursing Cream is designed to provide soothing relief for breast-feeding mothers. It is formulated to glide easily onto sore, cracked nipples and



AAH has introduced an own-label range for Vantage members

can be applied after each feed or as often as required.

The manufacturers say the product's natural formulation ensures that it is safe for babies to ingest. The cream contains three natural ingredients - cocoa butter, panthenol (pro vitamin B5) and petrolatum. Available in a 30g tube with a flip-top cap, it retails at £3.50.

The launch is being supported with an advertising campaign in parenting magazines.

E T Browne UK Ltd.

Tel: 0181 554 7000.

Value for money toiletries

Own-label products account for 21 per cent of the baby toiletries market and 38 per cent of the baby wipes market. To help Vantage members be more competitive in these sectors, AAH Pharmaceuticals has introduced a new value-for-money own-label range, including baby shampoo, baby bath, baby lotion and baby wipes.

The dermatologically tested products are formulated to be safe and kind to the skin.

In a special promotion, customers can score points for each product purchased from the range. With every ten points collected, they will receive a free packet of 80 baby wipes and can enter their completed card into AAH Pharmaceuticals' prize draw to win £100 worth of Premium Bonds. The promotion is supported with PoS material including stamp collection cards for customers.

The new range is included in a Vantage Refresh customer coupon drop this month.

AAH Pharmaceuticals Ltd.

Tel: 01203 432000.

Two in one teether

Mam is launching a Two in One Teether, which is shaped to be easy for babies to hold while reaching both the front and more painful back molars.

The product is made from soft foodgrade thermoplastic material and comprises two parts that can be used separately or together.

The two parts have different textures and hardness so that babies can chew on a favourite pattern. Taking the teether apart and assembling it again encourages manual dexterity and is fun for the baby.

The teether comes in three colour combinations in outers of six.

Retail price is £3.49.

Mam (UK) Ltd.

Tel: 0121 326 6992.

Nipple shield

Cannon Rubber has introduced a new nipple shield in its Avent range of breast-feeding accessories.

The Avent Nipple Protector features two cut away areas leaving a 'butterfly-shape', which allows a baby's nose and chin/cheek to come into contact with the mother's breast during breast-feeding.

The company says the design

addresses any problems with a baby returning to the breast once nipple shields are no longer used.

Retail price is £3.99 for two.

Cannon Rubber Ltd.

Tel: 01787 267000.

Tooth friendly cup

A new infant drinking cup, endorsed by the Health Education Authority, will be available to pharmacies in August.

The Anywayup Smiley Cup (rsp £3.45) is an unspillable cup that is designed for babies from six months. The cup features extended handles fixed in a position to ensure that the mouthpiece is always central, to encourage a correct drinking position at all times.

A 10 per cent smile line is marked on the side of the cup to aid correct dilution of fruit juice to the 100 per cent line marked further up the cup.

A valve is fitted in the mouthpiece to ensure that babies only drink from the cup and do not risk tooth decay by sucking for comfort on the spout.

A lid cover keeps the spout clean when not in use and doubles as a finger food bowl.

● The cup is being distributed free to family centres and local authority nurseries, as part of the HEA's new dental health campaign to encourage good dental practice from the earliest age.

V&A Marketing.

Tel: 01222 575600.

Flushable nappy

Nucare is introducing an Australian nappy system which involves a pad that can be flushed down the toilet.

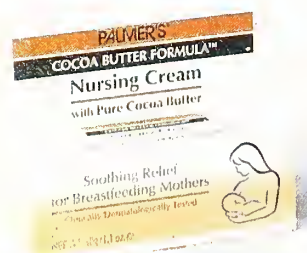
The Weeness nappy system is designed to combine the convenience of a disposable with the environmentally friendly benefits achieved with washables.

Machine washable waterproof pants are specially designed to support the disposable pads, which sit between elastic darts.

The disposable pads incorporate polyacrylate materials in the lining which stops liquid and allows vapour to pass through - helping prevent sweating and nappy rash.

The pants are available in deluxe

Continued on P34 →



Relief with Palmers cream



Mam's new teethers comes in three colour combinations



Avent nipple protector

Active Ingredients: Each tablet contains standardised senna equivalent to 7.5mg total sennosides. Each 5ml spoonful of Syrup contains standardised senna extract equivalent to 7.5mg total sennosides. Each 5ml (2.73g) spoonful of chocolate granules contains standardised senna equivalent to 15mg total sennosides. **Indications:** Relief of constipation. **Dosage Instructions:** Adults and children over 12 - Two Tablets 24 hours, or Two 5ml spoonfuls of Syrup, or a level 5ml spoonful of Granules, taken at night; Children 6-12 - One 5ml spoonful of Syrup, taken in the morning. Tablets and granules to be taken only on a doctor's advice. Children under 6 - Syrup to be taken only on a doctor's advice. Tablets and granules not recommended.

Contra-indications: In common with other laxatives Senokot should not be given when undiagnosed acute or persistent abdominal pain is present. **Precautions and Warnings:** If there is no bowel movement after three days consult a doctor. If laxatives are needed every day or abdominal pain persists consult a doctor. Senokot is colon specific.

Senokot Syrup and Granules contain sugar. Senokot Tablets are sugar free. **Side Effects:** Temporary mild griping may occur during change in dosage.

Retail Sale Price: Tablets: 20 tablets - £1.75, 60 Tablets - £3.99, 100 Tablets - £4.79. Syrup: 100ml - £3.05. Granules: 100g - £4.49. **Marketing**

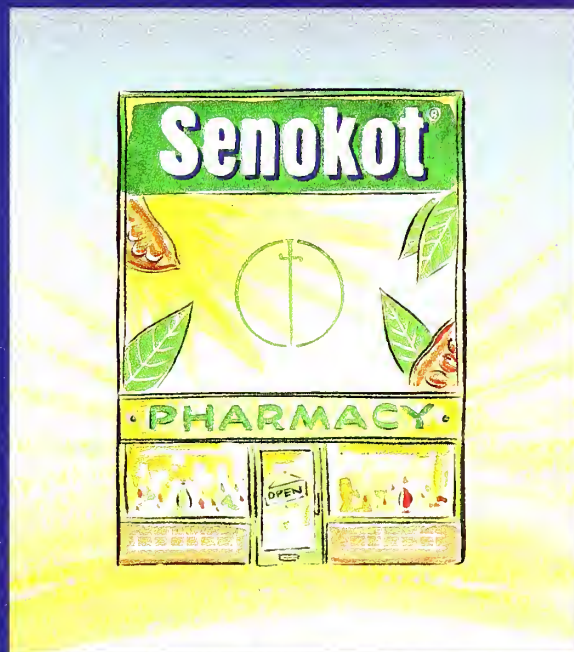
Authorisations: Senokot Tablets 0063/5000R, Senokot Syrup 0063/5003R, Senokot Granules 0063/5002R. **Supply Classification:** Through registered pharmacies only.

Holder of Marketing Authorisations: Reckitt & Colman Products Limited, Hanson Lane, Hull HU8 7DS. **Date of Preparation:** August 1998. Senokot and the sword and circle symbol are trademarks. Reference: I. IRI 1, July 1998.

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→ Continued from P32

(rsp £7.99) or standard (rsp £4.99) for newborn, up to two years and two to four years. The pads come in 28 x small and 20 x medium (rsp £4.99).

Nucare plc.

Tel: 0208 515 9800.

Medicine dispenser

A new medicine dispenser has been launched to help parents deliver medicines and other liquids to babies or small children.

The Toto Pacifier Medicine Dispenser features a calibrated syringe with a soft orthodontic pacifier attached at one end to fit comfortably into a baby's mouth.

The pacifier part of the dispenser is designed to release medication to the roof of the mouth and includes a calibrated fill cup for accurate dispensation of medication.

Retail price is £4.70. Trade packages include 12 dispensers.

Azusa Ltd.

Tel: 0181 516 7748.

Sudocrem on TV

Sudocrem Antiseptic Healing Cream is being regionally advertised for the first time on early morning TV this summer.

The commercial is being broadcast



The Toto dispenser helps parents give medicines more easily



Sudocrem gets an airing on morning TV this summer

between 6.30am and 9.30am on GMTV in the Central Television region, in preparation for a national campaign starting next year.

● The product has a 75 per cent cash share of the nappy rash treatment market (FSA).

Pharmax Ltd.

Tel: 01322 550550.

Decongesting inhaler

Home & Medical is launching a new inhaler to aid in decongesting an infant's blocked nose.

Manufactured by Harwill Medical in South Africa, the inhaler is an orthodontic pacifier specifically designed to treat nasal and upper airways congestion in infants.

This is achieved by adding two to three drops of a medically approved decongestant, such as menthol camphor or eucalyptus oil, to a piece of cotton wool and placing it in the hinged chamber behind the teat.

The infant inhales the decongestant when sucking on the teat and gets relief from nasal congestion.

The product is suitable for infants up to three years. Retail price is £3.99.


● New, too, from the same company is Eezimed, designed to make it easier to dispense medicine to infants. It combines an orthodontic silicone teat with a syringe (rsp £5.99).

Home & Medical (UK) Ltd.

Tel: 0113 284 1269.

Weigh up the pros and pros

TANITA set the standard in the bathroom scales market with the **TANITA** Body Fat Monitor. **TANITA** is the name behind the first solar-powered scales and **TANITA** is the global leader in precision digital scales.

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...e times more simethicone than the other leading

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Product Information: **Presentations:** **Setlers Wind-eze** – simethicone USP 125mg in white tablet and **Setlers Wind-eze Soft Gel Capsules** – simethicone USP 125mg in a white soft gel capsule. **Dosage & Administration:** 1-2 tablets **Setlers Wind-eze** to be chewed before swallowing, or 1 **Setlers Soft Gel Capsule**, to be taken 3 or 4 times daily as required after meals. Not recommended for children under 12 years. **Uses:** Antiflatulent, foaming agent for the symptomatic relief of flatulence, wind pains, bloating, abdominal tension and other symptoms associated with gastrointestinal gas. **Precautions:** Should not be used by patients with known hypersensitivity to any of the ingredients. Do not

use for longer than 14 days. Seek medical advice if symptoms persist or worsen. May be used safely during pregnancy and whilst breast feeding. **Legal Category:** GSL. **Cost (inclusive of VAT):** **Setlers Wind-eze** – £1.89 (10's), £3.29 (30's). **Setlers Wind-eze Soft Gel Capsules** – £3.49 (20's). **Product Licence Numbers:** **Setlers Wind-eze** – PL0036/0084, **Setlers Wind-eze Soft Gel Capsules** – PL0036/0073. **Product Licence Holder:** Stafford-Miller Ltd., Welwyn Garden City, Herts. AL7 3SP. **Date of Preparation:** Sept 1998. DO4005

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Political concern grows over rising generic prices

Generic manufacturers could come under pressure from the Government to sort out the shortage of many common generics, as politicians weigh up the financial costs to the NHS.

Louise Ellman, Labour MP for Liverpool Riverside, told *C&D* that the prices of key generics were rocketing and needed stronger controls. She cited thyroxine tablets 100mg (1000s), where the Tariff price has risen 1,401 per cent between May 1998 and May this year. The price of alodiazepoxide capsules 10mg (1000s) has risen 236 per cent, and that of erythromycin tablets 250mg (100s) by 167 per cent.

Ms Ellman has tabled questions to the health minister, John Denham, to find out how he plans to control these price rises.

Mr Denham recently told the House of Commons that the complexities of generic purchasing made it impractical to assess how much the shortages were costing the NHS. But the situation could prove embarrassing for the Government, which is committed to cutting NHS costs and last week unveiled a 4.5 per cent cut in branded medicines under the Pharmaceutical Price Regulation Scheme.

The current generic shortages are said to stem from manufacturing difficulties

and speculative stockpiling among pharmaceutical wholesalers and pharmacists.

The scale of the problem is clear: 62 generic products are currently listed in Category D of the Drug Tariff, whereas only a handful would be there normally. A similarly long list has been issued in Scotland.

Manufacturers admit they are struggling to meet demand as they cope with the extra burden of patient packs. Norton Healthcare said it used to produce around five million bulk packs, but it now has to manufacture around 30 million patient packs.

Nick Foster, Norton's marketing director, said producers were still struggling to fill the void left by Regent Laboratories, whose manufacturing licence remains suspended.

"No generic company can give fantastic service at the moment," he said.

Medeva admits its vaccine supplies have been hindered by several factors. To accommodate regulation changes, it has recommissioned a plant that makes the BCG tuberculosis vaccine. This left the vaccine out of stock for some time, although Medeva said supplies were returning to normal levels.

Some Medeva vaccines, including treatments for diphtheria and whooping cough, are being held back by qual-

ity control considerations. But Dr Garrick Fiddler, Medeva's UK medical director, said normal production would resume throughout its portfolio in around one month.

Speculation suggests APS Berk is having trouble meeting orders as it transfers its production to Teva's giant plant in Hungary, but the company denies this. Andrew Kay, its managing director, said its only difficulty was a lack of spare capacity. "We have a finite amount of material [in the UK], which means we can't produce more when we want to," he said.

Mr Kay said there was not a shortage of generics *per se*, but a shortage of generics at Drug Tariff prices.

Both Norton and APS said that wholesalers were exacerbating the shortages by buying up stocks of bulk packs, which have become more popular because they are easier to handle than patient packs.

"When we've launched patient packs, they've sold slowly to begin with because people still prefer bulk packs," said Mr Kay. "When the bulk packs clear out, patient packs start to move more quickly."

Anecdotal evidence suggests some pharmacists are buying up generics in short supply, and waiting until prices rise before selling them on.



Andrew Kay, managing director of APS Berk, believes wholesalers are exacerbating shortages by stockpiling bulk packs

The British Association of Pharmaceutical Wholesalers, meanwhile, has rejected an article in last week's *The Observer*, which claimed that manufacturers had deliberately withdrawn generic supplies, and were forcing pharmacists to dispense branded alternatives.

Michael Watts, BAPW's executive director, doubts that manufacturers will solve the shortage problem soon. "PCGs are looking at prescribing budgets and they've told everyone to buy more generics - the situation is going to get worse," he said.

Mr Foster reckons the problem will be solved by the end of the year, while APS is more optimistic. "There's a lot of stock in the trade and when wholesalers start to release it the imbalance will correct itself. It could be in August, which is traditionally a quiet month," said Mr Kay.

Phoenix starts to consolidate its UK operations

Andy Young, L Rowland's chairman, has been appointed chief executive officer of Phoenix Medical Supplies (PMS), the holding company of Phoenix Pharmahandel's UK pharmaceutical interests.

Mr Young has also been appointed chairman of Philip Harris to replace David Linney, who has retired to spend more time with his wife, who is ill.

The appointment is one of several

as Phoenix begins to consolidate its UK operations, which comprise Philip Harris Medical, L Rowland and Fosters Healthcare. Between them they have 11 wholesale depots and over 84 pharmacies, with a combined turnover of around £420 million.

All the depots will be welded into one company, although they will continue to trade under their established names. Roger Brown, managing direc-

tor designate of Philip Harris, has had his position confirmed.

Phoenix is the UK's third biggest pharmaceutical wholesaler - it claims to have 10 per cent of the wholesale market.

Its pharmacies will come under a separate company, trading under the Rowland name and led by retail managing director Paul Smith, who was managing director of Rowland.

Mr Young said Dr Bernd Scheifele, Phoenix's chief executive, flew over from its Mannheim base to announce the changes. Mr Scheifele attended PMS' first board meeting on Wednesday.

PMS plans to set up a head office along the M6 belt by the end of the year. Key administrative functions, such as purchasing, will be centralised there.



Andy Young, appointed chief executive officer of Phoenix Medical Supplies

SB interim profits rise 16 per cent on its tenth birthday

SmithKline Beecham's interim results impressed analysts this week. Its pre-tax profits have risen 16 per cent to £928 million for the six months to June 30.

Jan Leschly, SB's chief executive, said the company was on course to increase earnings by around 13 per cent by the end of its financial year. Analysts expect its year-end pre-tax profits to be around £1.5 billion.

Turnover grew 11 per cent to £4.244 billion. Strong performers include

Augmentin, whose sales grew 19 per cent to £535m, and Seroxat/Paxil, up 22 per cent to £610m.

Avandia, SB's treatment for type 2 diabetes, had notched up sales worth \$71m (£44m) in less than one month. Launched in the US in early June, the drug could reap annual sales worth \$1.5 billion because regulators have said it is safer than Warner Lambert's Rezulin. Licence applications have been filed in 42 countries.

SB's consumer health sales rose 6 per cent to £1.202 billion. Its smoking cessation sales grew 11 per cent to £76m.

The group's restructuring, which included the sale of two US subsidiaries in February, incurred a charge of £68m for the second quarter. SB will also be consolidating ten of its global antibiotic plants into five key sites, including Irvine and Worthing in the UK.

Bristol-Myers Squibb voted best Euro OTC firm

Pharmacists across Europe have voted Bristol-Myers Squibb as the best OTC company, according to a survey by IMS Health Self Medication's *OTC Bulletin*.

Bayer was ranked second, followed by Novartis, SmithKline Beecham and Roche.

UK pharmacists, meanwhile, were most satisfied with Warner Lambert's performance. They also gave it top marks for the effectiveness of its advertising. The Boots Co came second.

In addition, Warner Lambert was tied joint first with SmithKline Beecham for product innovation in the UK. However, UK pharmacists chose Bayer as the company they would want to collaborate with more actively.

IMS questioned 3,000 pharmacists across Europe and asked them to rank the top 16 OTC companies in ten areas, which ranged from satisfaction with each company to training of pharmacy staff.

EC rejects Glaxo PI barrier

The European Commission has objected to Glaxo Wellcome's move to curb parallel imports from Spain.

GW's scheme, launched in March last year, created a two-tier price for its Spanish drugs. Those destined for the Spanish market followed price guidelines set by the local government, whereas products due for export were given much higher prices - set by GW - apparently based on UK levels.

In September, the Commission sent GW an informal letter that said the system contravened EU competition rules. Early this year Spanish competition authorities forced GW to suspend the scheme.

The Commission has now formally become involved by sending GW a 'statement of objections' about the dual pricing. Its current plan is to ban the scheme because "it makes it difficult, if not impossible, to export from Spain to many other EU countries. In these countries, consumers' access to parallel imports, which in general are less expensive, is reduced or indeed eliminated".

GW had argued that it was exercising the little control it had on Spanish prices - domestic levels were set far too low by the Spanish Government, whereas the company had room for manoeuvre on products destined for export.

GW had also claimed the right to be exempt from EU competition rules because, it argued, the scheme would increase its profits and, therefore, provide more research and development funds to produce innovative products.

The Commission's stance is a setback for GW, which had introduced the scheme as a test. If it had worked, the company may have launched similar systems in other low-price EU countries. GW said it was disappointed by the Commission's view. It is studying the objections and has been given four months to reply.

GW can then seek an oral hearing, where member states will be allowed to comment on the case. After the hearing, the Commission will formally decide whether or not to approve the scheme.

Freeman Pharmaceuticals, a wholesaler specialising in parallel imports and generics, welcomed the Commission's move, although it said little had changed in practical terms. Philip Walker, its managing director, said: "Glaxo products are some of the most difficult to obtain and we haven't noticed any change [in their availability] since the dual pricing scheme was suspended."

Meanwhile, the UK Government appears less interested in combating parallel imports. Although health secretary Frank Dobson seemed prepared to arrange a deal with manufacturers in the spring, the Department of Health has denied this is the case.

And it rejects suggestions that the revised Pharmaceutical Price Regulation Scheme is an indirect move against parallel imports. "There was no offer to cut parallel imports and there is no link between the PPRS agreement and parallel trade," it said.

The new PPRS, it added, was "loosening up" price controls to create more competition.

MCA processes record numbers of licence applications

The Medicines Control Agency processed a record number of clinical trial applications, abridged applications, parallel import authorisations and licence variations in the year to March 31.

And its licensing division achieved the fastest average assessment time for new active substances in the MCA's ten year history - 40 working days.

The MCA's annual report says that 27 new active substances were assessed, which is less than in recent

years and reflects the increased use of the centralised European procedure.

During the year, the Agency passed 1,223 applications for marketing authorisations, including new drugs, abridged and change of ownership applications, compared with 1,655 in 1997-98. Variations in marketing authorisations still create a heavy workload - up 4 per cent to over 16,700.

The MCA assessed 17 applications for 'POM to P' switches, allowed three new substances to be sold through

pharmacies and widened the uses of four existing Pharmacy medicines.

Twenty 'P to GSL' applications were considered, resulting in five changes. Four medicines were reclassified from 'P to POM'.

The Agency also examined almost 7,000 published advertisements and investigated 100 complaints. There were 135 breaches of the legislation, which led to advertisements being amended or withdrawn.

Once again the MCA met all its

financial targets, achieving an efficiency gain of 3 per cent. Following a fee cut of 12.5 per cent in April 1998, it claims that fees last year were 37 per cent less, in real terms, than in 1992-93. Income fell 5 per cent to £26.67m.

A strengthening of post-marketing surveillance resources, combined with reduced fees, resulted in a deficit for the year of £3.4 million. The deficit reduced the cumulative surplus to £14.2m, which is forecast to fall to about £8m during 1999-2000.

IN BRIEF

BTC promotes its Advantage

Boots the Chemists is spending £14 million to install terminals in 350 stores that will give Advantage card holders promotions and discount coupons tailored to their spending habits.

The stock market

Pharmacists who want to contact The stock market, the broker dealing with excess pharmacy stock, should phone: 0800 458 9982 - not 0800 458 9983 as printed last week.

New Bio-Health offices

Bio-Health has moved its accounts/sales office to: Alpha House, Suite 4, Laser Quay, Culpeper Close, Medway City Est, Rochester, Kent. Phone and fax numbers are unchanged.



Berkshire-based Parfums Bleu (PB) has acquired Yardley of London's English Blazer and Gold brands in a "seven figure" deal. PB, owned by brothers Tim, Seamus and Moss Foley, has the right to use the brand names and the fragrances, although not the products' connection with Yardley. The company already owns Blue Stratos. (L-r) Seamus and Moss Foley, Ian Baker, partner of law firm Martineau Johnson, which advised PB, and Tim Foley

New web site for software products and services

A free on-line service to help pharmacists and other businesses track down software and computer equipment has been launched by the Virtual Community of Software Providers.

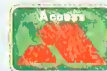
VCSP consists of computer service and software specialists from around the world, whose products are listed and will be updated regularly on a new web site at www.vcsp.com.

A search facility helps users look throughout VCSP's database, and a back up service helps those who cannot find what they want.

VCSP will e-mail details of new software products that are particularly relevant to businesses which are registered on the site.

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Keeping abreast of developments

Over the years there have been natural supplements marketed for just about every common medical condition, and the claims made and marketing practices associated with some of them have caused not a little angst, particularly at the Medicines Control Agency, those guardians of what constitutes a true medicine.

And you might have thought those boyos in the health supplements business were running short of body parts and conditions as targets of their marketing genius. Not a bit of it! Try this press release for size ... First the eye-catching introduction:

"As stars like Pamela Anderson rush to have their implants removed, there comes Definition, a breast enhancement treatment with a difference". Then comes the hard sell: "Imagine being able to enhance the size and shape of your breasts without resorting to surgery. As the implant controversy rages on ... Definition, an all natural cream and herbal product ... has been developed to feed and nurture the breast - naturally."

We are told that "during three years of extensive testing (no details of which are provided, surprise, surprise) an overwhelming number of women studied reported impressive results: wonderfully toned, firmer more youthful-looking breasts with an increase in cup size after an average of three months as well as a smoother, more even toned décolleté". Sounds wonderful, and 'décolleté', for those unfamiliar with this physiological term, refers to that area of the mammary glands revealed by a low neckline.

On a more prosaic level, the Definition programme is "suitable for all breast sizes and conditions" and "can make small breasts look fuller and rounder". The bad news, inevitably, is saved until last. One bottle of Definition Drops (to be taken orally - two months' supply) will set you back £59.99, and Definition Cream a mere £35.99.

Oh, we forgot to mention the magic ingredients: fenugreek, saw palmetto, fennel and alfafa (*sic*) extract. Has anyone conducted a randomised double blind trial to compare Definition with aqueous cream, we wonder?



Customers of TWJ Mattock's Pharmacy in Leicester should rest assured that their minor injuries can now be treated in the shop, because four of its assistants have just passed a six week Red Cross first aid course. Pharmacist Terence Mattock is now concerned that if his staff continue to obtain certificates at their present rate, he will have to set aside a whole wall to record their achievements! Terence is pictured with his wife Joyce and their successful first aiders (left to right) Jackie Hipwell, Lyn Berry, Sally Neal and Elaine Swann

APPOINTMENTS

Beatson Clark has appointed **Leanne Johnson** as business development manager. Ms Johnson joins from Rockware, where she was a national accounts manager.

Heidi Weber has been promoted to the newly created position of marketing manager of the Shop and Display Equipment Association. She was previously assistant to the Association's director.

Sir William Stewart is to take over from Jim Everitt as the chairman of the Microbiological Research Authority. Sir William is currently chairman of Tayside University Hospitals NHS Trust and president elect of the Royal Society of Edinburgh.

Antisoma has appointed **Catharine Staughton** as director of corporate development and **Nicholas Adams** as in-licensing manager. Ms Staughton joins from the Wilkerson Group, where she was an associate principal. Mr Adams was previously business development manager at the European Regulatory Affairs Group of Covance.



Leanne Johnson



The Parkinson's Disease Society is now £1,500 better off thanks to 15 brave employees and friends of Elan Pharma who volunteered to jump out of a plane over north London. Only one of the sponsored parachutists had any previous experience, but some exhausting training ensured 15 safe landings

Clubbers catch condom cabs

A taxi firm in Liverpool has launched a sexual health strategy to coincide with the Pharmaceutical Society's own.

The city's clubbers can now stock up on free prophylactics on their way home from the disco, without stepping outside the cab, saving precious energy for later. Taxi drivers are dispensing free condoms and information about safer sex.

Using the slogan, 'this cab has safety built in', the safer sex project is a joint effort between a local health information service and the taxi firm.

Look before you reverse

A first aid kit in the glove compartment might come in useful for female pharmacists if the latest medically classified fetish takes off.

A man with a fetish for lying under women's cars was twice run over by a nurse backing out of a parking spot, according to *Nursing Times*. The car fancier has been ordered to pay £100 compensation to the nurse for distress caused.

Getting ready for Y2K

Signs springing up in Boots' shop windows say that it is the 'official health and beauty retailer for the millennium'.

Quite what that entails is unclear, but we can't wait to see the '2000' logo embossed on hangover remedies. Could it be that Boots will help you overcome the feeling that you have just lived through the past 1,000 years, not just the mother of all New Year's Eve parties, when you look in the mirror on January 1?



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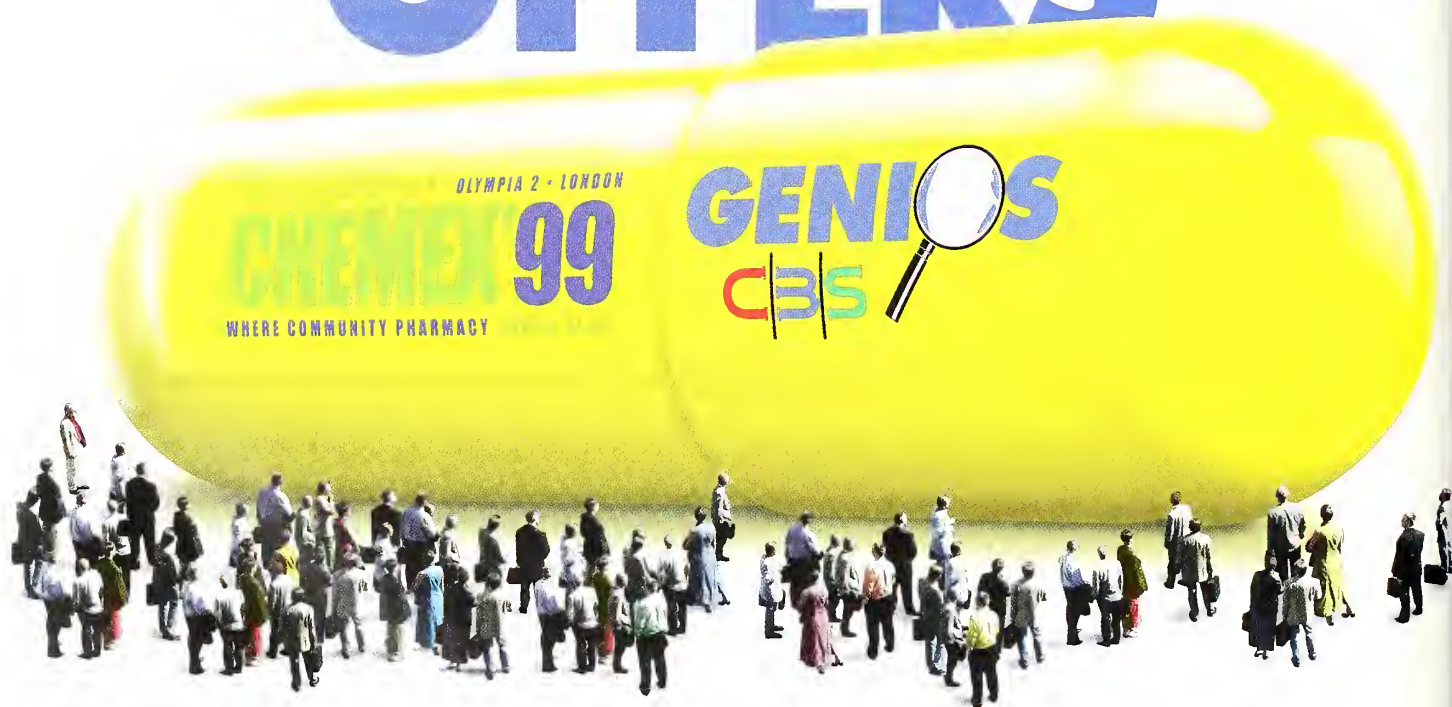
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